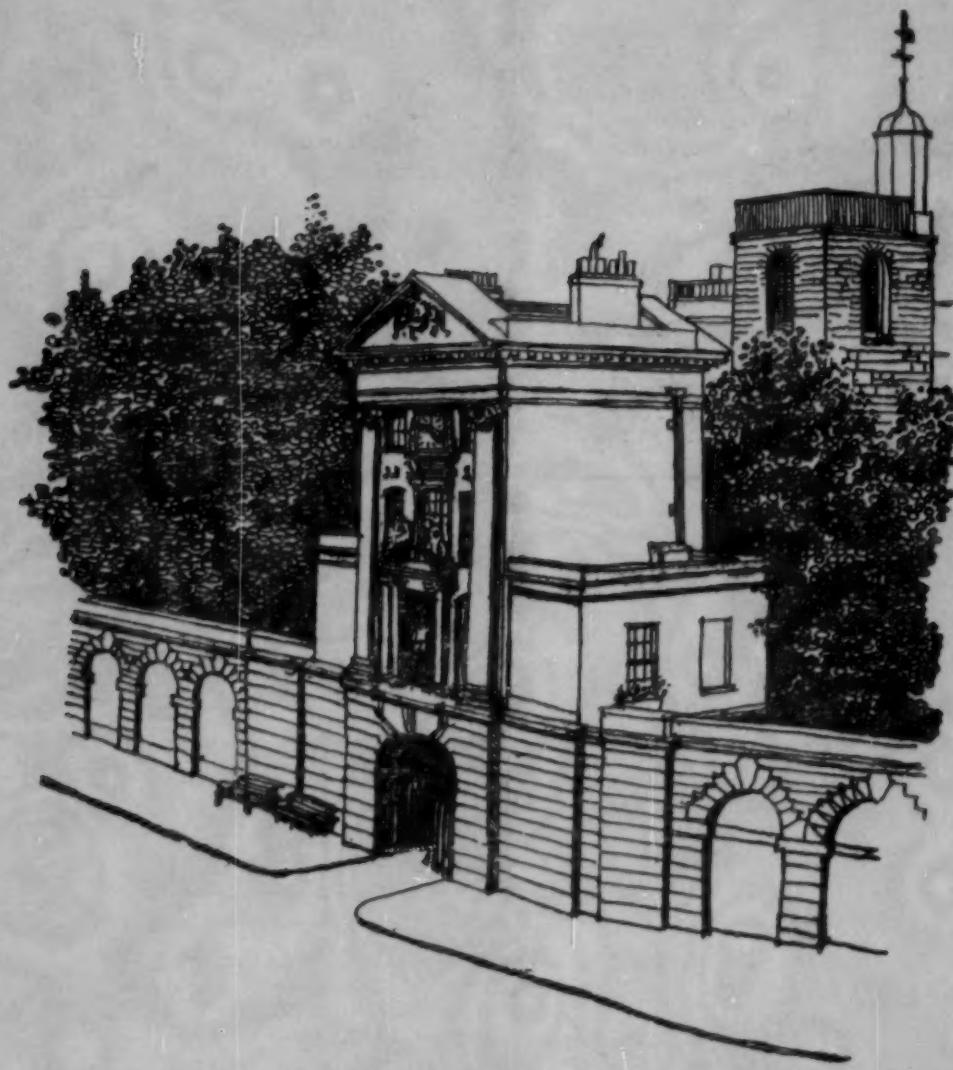


# ST. BARTHOLOMEW'S HOSPITAL JOURNAL



**VOL LX**

**DECEMBER 1956**

**No 12**

## ST. BARTHOLMEW'S HOSPITAL JOURNAL

*Editor : J. T. SILVERSTONE.  
Assistant Editor : J. S. PRICE  
Sports Editor : D. F. ROWLANDS  
Charterhouse Representative : Miss A. M. MACDONALD*

*Manager : L. J. CHALSTREY  
Assistant Manager : C. J. CARR  
Women's Representative : Miss N. COLTART*

### CONTENTS

December 1956

Editorial	393	Almost a Centenarian! by Trevor H. Howell	407
Notes and News	394	Short Back and Sides by Scipius	408
Candid Camera	394	Examination Results	409
Notices	395	Amateur Dramatic Society Annual Production	410
Announcements	395	Awards	412
Calendar	395	Hospital Appointments	413
Obituaries	396	Recent Papers by Bart's Men	413
Letters to the Editor	398	Student Entry, October 1956	415
Messeguter by J. A. H. Bootes and E. M. C. Ernst	400	Sports News	416
Students Union: Council Meeting	402	Reviews: Books	418
Dreams, Dreamers and Poets by Emanuel Miller	403	Records	421

## PRE-REGISTRATION APPOINTMENTS

Membership of a recognised  
MEDICAL PROTECTION OR DEFENCE SOCIETY  
is a condition of appointment, so join the

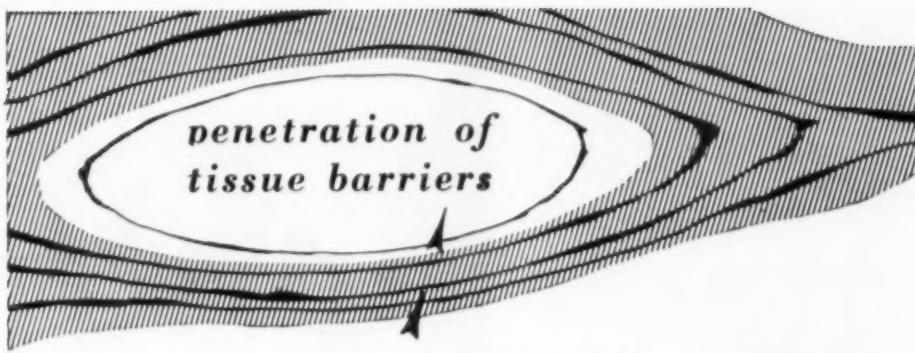
## MEDICAL PROTECTION SOCIETY

FOUNDED 1892

An initial annual subscription of £1. entitles you to UNLIMITED INDEMNITY in respect of claims arising from your professional work. Advice and assistance in all professional problems is always available.

Full particulars from :

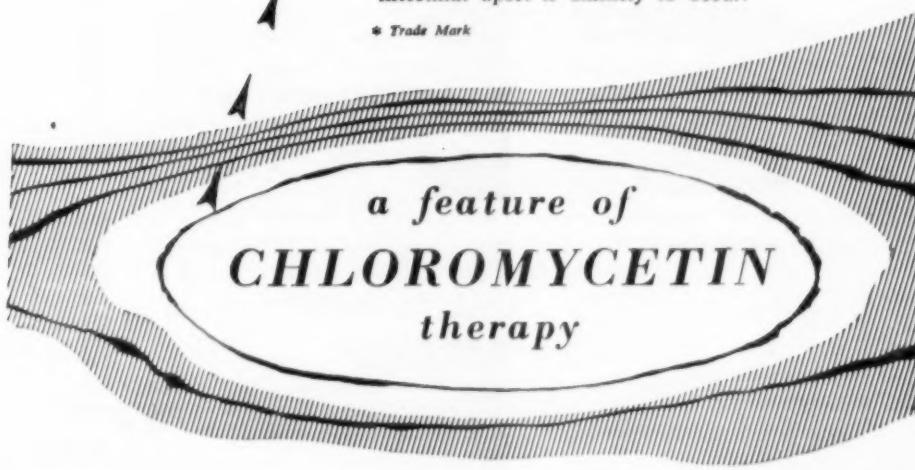
The Secretary, (Dr. Alistair French)  
THE MEDICAL PROTECTION SOCIETY LTD.  
VICTORY HOUSE · LEICESTER SQUARE · LONDON WC1  
TELEPHONES : GERRARD 4814 and 4553



### *penetration of tissue barriers*

Chloromycetin \* is unequalled amongst antibiotics in its ability to diffuse readily throughout the body and to penetrate tissue barriers, including the blood, brain, placental and ocular barriers. Adequate therapeutic concentrations can be achieved in relatively inaccessible parts of the body *by oral administration*. Effective blood levels are quickly obtained, and blood levels can be adjusted to meet any grade of infection. Because of the relative completeness of absorption, gastrointestinal upset is unlikely to occur.

\* Trade Mark



### *a feature of CHLOROMYCETIN therapy*



# ASTHMA

and the  
**RYBAR PRODUCTS**

**RYBARVIN**  
**RYBAREX**  
**RYBRONSOL**



**RYBARVIN INHALANT** Non-habit forming antispasmodic for the treatment of asthma. Gives consistent and often spectacular results. Free from excess acidity and non-irritant. No side effects. Purchase tax free.

**RYBAREX INHALANT** Similar to Rybarvin but also has a strong expectorant action which makes it the inhalant of choice when Bronchitis and Bronchial Catarrh complicate the asthma.

**RYBRONSOL POWDER** A new Rybar sedative which, when taken by the mouth, soothes the general nervous system, helps to relieve the bronchial spasm and alleviates congestion in the bronchial tree.

**RYBAR INHALER** Specially designed for aerosol therapy.

*All of the above, including the Rybar Inhaler, may be prescribed under the N.H.S. on Form E.C.10.*

Professional samples and literature on request from

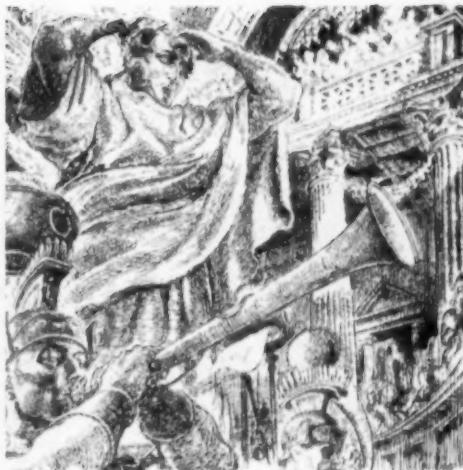
TANKERTON **RYBAR** KENT  
LABORATORIES LTD. P.B. 8a

## JULIUS CAESAR

Circa 101—44 B.C. Roman general, statesman, lawgiver, jurist, orator, poet, historian, philologer, mathematician and architect.

*Julius Caesar, who was subject to attacks of epilepsy, acquired strong and vigorous health through constant exercise and abstemious living.*

Today, the object of treatment is to suppress the attacks completely. 'MYSOLINE', the new anticonvulsant, effects a marked reduction in the frequency and severity of attacks coupled with a general improvement in mental outlook and well-being. These features enable 'MYSOLINE' patients to enjoy normal activity in a safe and healthy environment. 'MYSOLINE' is now internationally recognised as an important advance in the treatment of epilepsy. It combines high activity with low toxicity, a wide margin of safety and absence of hypnotic effect during established treatment. 'MYSOLINE' is especially indicated in *grand mal* and psychomotor types, and is frequently of help in cases of *petit mal*.



## 'MYSOLINE'

Primidone B.P.

Trade Mark

Literature and further information on 'Mysoline' is available on request.



IMPERIAL CHEMICAL (PHARMACEUTICALS) LIMITED, Wilmslow, Cheshire  
Ph.543/1

*A subsidiary company of Imperial Chemical Industries Limited*

## For the Student

A special department of the M.I.A. provides a Complete Insurance Service for the medical student which is backed by experience extending to almost 50 years. **LIFE, PENSION, SICKNESS, MOTOR, HOUSEHOLD, EDUCATION**, are all adequately covered.

**Independent and unbiased** advice is offered without obligation and in most cases it is possible to allow rebates on premiums, which may be paid by instalments if required there being no additional charge for this facility. **Medical and Dental Charities benefit substantially by the activities of the Agency since they receive all surplus funds.**

Financial assistance may also be obtained to enable purchase of  
**EQUIPMENT and MOTOR-CARS**

Your enquiry will be dealt with in strict confidence.

## MEDICAL INSURANCE AGENCY

*Chairman: James Fenton, C.B.E., M.D., D.P.H., Gen. Manager; A. N. Dixon, A.C.I.I. Hon. Sec; Henry Robinson, M.D., D.L., J.P.*

**B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON W.C.1**

*Telephone: EUSTON 6031 (7 lines)*

**Branches also at:— EDINBURGH, GLASGOW, BIRMINGHAM, BRISTOL, CARDIFF, DUBLIN,  
LEEDS, MANCHESTER, NEWCASTLE-UPON-TYNE.**

Introducing 'migril' for

3

D

*relief in migraine*

**Dispels headache**

**Disperses visual disturbances**

**Defeats nausea and vomiting**

A new product—"Migril"—provides, for the first time, a successful 3-way attack on migraine.

"Migril" contains ergotamine tartrate (2 mgm.), caffeine (100 mgm.) and cyclizine hydrochloride (50 mgm.) in each tablet. The inclusion of cyclizine hydrochloride not only eliminates the nausea and vomiting often associated with migraine but also **enables larger and more effective doses of ergotamine to be administered.**

**'migril'**  
BRAND

Ergotamine Compound (Compressed)

PACKS OF 10 AND 100



BURROUGHS WELLCOME & CO. (THE WELLCOME FOUNDATION LTD.) LONDON

# Positive Health!



**TAMPAX** encourages women to lead a normal life during the monthly period. It brings a higher standard of hygiene, and increased personal comfort (elimination of chafing, belts, pins and pads) which results in a greater sense of physical and mental freedom.

*Professional samples and literature will gladly be supplied by Medical Dept., Tampax Ltd., Belvue Road, Northolt, Greenford, Middlesex.*

**SANITARY PROTECTION WORN INTERNALLY**

## ALL MEDICAL EXAMINATIONS

Are you preparing for any  
MEDICAL or SURGICAL  
EXAMINATION?

Do you wish to coach in any  
branch of Medicine or Surgery?

Send Coupon below for our valuable publication

## "GUIDE TO MEDICAL EXAMINATIONS"

Principal contents:

The Examinations of the Conjoint Board.  
The M.B. and M.D. Degree of all British Universities.  
How to Pass the F.R.C.S. Exam  
The M.R.C.P. of London, Edin., and Ireland  
The Diploma in Tropical Medicine.  
The Diploma in Psychological Medicine.  
The Diploma in Ophthalmology.  
The Diploma in Physical Medicine.  
The Diploma in Laryngology and Otolgy.  
The Diploma in Radiology.  
The Diploma in Child Health.  
The Diploma in Anaesthetics.  
The Diploma in Industrial Health.  
The Diploma in Pathology.  
The M.R.C.O.G. and D.R.C.O.G.  
The Diploma in Public Health.  
The F.D.S. and all Dental Exams.

- Q The activities of the Medical Correspondence College cover every department of Medical, Surgical, and Dental tuition.
- Q Desultory reading is wasteful for examination purposes.
- Q The secret of success at examinations is to concentrate on essentials.
- Q First attempt success at examinations is the sole aim of our courses.
- Q Concentration on the exact requirements is assured by our courses.
- Q The courses of the College in every subject are always in progress and meet every requirement

The Secretary

### MEDICAL CORRESPONDENCE COLLEGE

19 Welbeck Street, London, W.1

Sir.—Please send me your "Guide to Medical Examinations" by return.

NAME

ADDRESS

Examination in  
which interested

## NEW TEXTBOOKS FOR THE MEDICAL EXAMINATIONS

This new series of textbooks combines brevity with clarity and accuracy. No padding. No space wasted on inessentials. Valuable for candidates preparing for the higher Examinations.

### HANDBOOK OF MEDICINE for Final Year Students. 4th Edition.

By G. F. WALKER, M.D., M.R.C.P., D.C.H., F.R.F.P.S. Pp. 305. Price 25s. net. Previous editions have met with an enthusiastic reception. Valuable for M.R.C.P. candidates.

"Whatever hundreds of medical books you have, get this one."—S.A. Medical Journal.

"To have covered such an enormous field in such a handy little volume is a feat of which Dr. Walker may feel proud."—Cambridge U. Med. Magazine.

### HANDBOOK OF CHILD HEALTH

By AUSTIN FURNISS, L.R.C.S., L.R.C.P., D.P.H., L.D.S. Valuable for D.C.H. and D.P.H. candidates. Price 25s. net.

"Dr. Furniss has written a useful little book. Students working for the D.P.H. and D.C.H. will find this a helpful volume."—British Medical Journal.

### HANDBOOK OF MIDWIFERY

By MARGARET PUXON, M.D., M.R.C.O.G., Pp. 326. Price 25s. net.

"Can be thoroughly recommended as a suitable guide to modern obstetric practice."—Post Graduate Medical Journal.

"Presents a practical manual—real merits of completeness and sound practicality—the text is up-to-date."—British Medical Journal.

### HANDBOOK OF VENEREAL INFECTIONS

By R. GRENVILLE MATHERS, M.A., M.D. (Cantab.), F.R.F.P.S., PH.D. Pp. 116. Price 12s 6d. net.

"Remarkably successful in getting nearly all that students and practitioners require into fewer than 120 pages."—British Medical Journal.

### HANDBOOK OF OPHTHALMOLOGY

By J. H. AUSTIN, D.O. (Oxon.), D.O.M.S., R.C.S. Pp. 344. Price 30s. net. Specially written for candidates preparing for the D.O.M.S.

"Contains a wealth of information in short compass."—Guy's Hosp. Gazette.

"An excellent book for the ophthalmic House Surgeon."—London Hospital Gazette.

### HANDBOOK OF DENTAL SURGERY AND PATHOLOGY

By A. E. PERKINS, L.D.S., R.C.S., H.D.D. (Edin.). Pp. 430. Price 30s. net. An indispensable book for the F.D.S., H.D.D. and other higher dental Examinations.

"The work is valuable to dental students and practitioners both for examination purposes and for reference."—U.C.S. Magazine.

### HANDBOOK OF PSYCHOLOGY

By J. H. EWEN, M.D., F.R.C.P., D.P.M. Pp. 215. Price 25s. Specially written for the D.P.M. Examinations.

"The book is to be commended for its clarity of exposition and its sanity."—Medical Journal of Australia.

"For the post-graduate this book provides a useful digest."—British Medical Journal.

### HANDBOOK OF GYNAECOLOGY

By TREVOR BAYNES, M.D., F.R.C.S., M.R.C.O.G. Pp. 163. Price 15s. net.

"The chief distinction of this book lies in its superb arrangement and tabulation. It is quite the best synopsis aid or handbook that we have ever read."—Manchester University Medical School Gazette.

"May be confidently recommended to senior students and post-graduates."—British Medical Journal.

Order now from all Medical Booksellers or  
direct from the Publishers

**SYLVIRO**  
**PUBLICATIONS LIMITED**  
**19, WELBECK STREET, LONDON, W.1**

# Gypsona

TRADE MARK

## has stood the test of time

Soaks more readily than hand-rolled bandages.

Sets firmly in four to five minutes.

Stronger yet less brittle than ordinary plaster.

Casts have porcelain-like surface.

Casts are porous.

Trimmed edges do not crumble and give a neat appearance.

Casts may be bivalved, or cut open

and sprung apart without loss of strength.

Exact number of bandages for a particular cast can be determined beforehand.

Special interlocked woven cloth permits easy moulding.

High plaster content — 90% of plaster by weight.

Will keep for a very long time without deterioration when stored in a dry place.



The absence of loose powder and the non-fray edges of the specially-woven leno cloth base of Gypsona bandages provides a distinct advantage over hospital-made bandages.

In performance, the superiority of Gypsona is even more marked. The high plaster content is fixed to the fabric by a special process, and there is a negligible loss of plaster when the bandage is soaked. A surprisingly small amount of material will produce a cast which is light, but of great strength.

Gypsona is by far the most economical plaster for the modern functional treatment of fractures.

1856  
SMITH & NEPHEW LTD. 55 WELWYN GARDEN CITY · HERTS.  
1956



*This*  
**COULD HAPPEN**  
*to YOU!*

WHEN YOU register with the General Medical Council you should immediately apply for membership of THE MEDICAL DEFENCE UNION. Then, whatever happens to you in the pursuit of your medical practice, you have available the experienced counsel and financial protection of The Medical Defence Union—the largest British defence organization. Write to the Secretary, Tavistock House South, Tavistock Square, London, W.C. 1 for full details.

***Take No Chances***  
JOIN THE  
**MEDICAL DEFENCE UNION**



## **Open an account**

*"I had no idea it was so easy to open an account — and with so little money too. You wouldn't believe a Bank could be so friendly and approachable . . ."*



**with the**

*"For anyone who is thinking about opening an account — 'The Ins & Outs of a Banking Account' is a MUST. This little book costs nothing, but it is really most helpful. You can get it from any Branch."*



## **National Provincial**

*"There is in fact a Branch of the National Provincial in the Hospital, which I find very convenient"*



Open Monday to Friday 10—3; Saturday 9.30—11.30.

Manager : Mr. F. H. J. Mead of West Smithfield Branch, 59 West Smithfield, E.C.1.

**NATIONAL PROVINCIAL BANK LIMITED**

# ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. LX

DECEMBER 1956

No. 12

## EDITORIAL

*Per Ardua ad Astra*

THE International Geophysical Year has just begun, and everywhere people are talking of nebulae and light-years, of eclipses and galaxies. Soon a man-made satellite will be encircling the earth. Not very long afterwards a group of adventurous explorers will be speeding to the moon. With all this activity about to occur in outer space it is heartening to learn that Medicine is playing its part. Space Medicine, a term that stirs the heart of the most reclusive practitioner, is now officially recognised as a subject deserving the attention of doctors.

A recent edition of an American medical dictionary gives the following definition of Space Medicine: 'A division of aviation medicine concerned with the physiologic and pathologic effects of flying at extremely high altitudes and at supersonic speeds.' We feel that our American colleagues, with their earnestness and deliberation, have failed to realise the full implications in this exciting field. England now has a chance of capturing the lead by employing bold imagination and resourcefulness. With what pride will English medical men hold their heads when visitors from Mars and Venus, and perhaps even from solar systems in the Milky Way, come to Earth to be treated at the United Kingdom Space Rehabilitation Centre.

In order to make this proposal a reality work must begin immediately. No branch of medicine will remain unaffected by the impact of space travel and General Practitioners as well as Consultants must prepare themselves to meet the problems which will arise.

While hurtling on his interplanetary rounds the G.P. can make a presumptive diagnosis before he reaches his patients by use of television and radar. A history can be

taken and an assessment of the patient's appearance made by using a two-way television circuit; a novel use of radar will be its employment to obtain a silhouette of any lump or area of consolidation. With these time-saving devices the practitioner will be able to see and treat many more patients scattered throughout the Universe than he can deal with in a London suburb at the present time. It is to be expected that the Ministry of Health will take cognisance of this and markedly increase the number of patients allowed to any one doctor.

Neurologists will retreat from their academic pastime of 'finding the lesion' and be called upon to help in the design of space ships which will alleviate the cerebral trauma associated with rapid acceleration. Cosmic radiation will tend to increase the number of neoplasms requiring operation and the surgeon must familiarise himself with the use of instruments which are not subject to the force of gravity. These are but two examples of the revolution in medical thought which will take place. A pretty problem in differential diagnosis will crop up in Cardiological practice. One authority has stated that a right-handed man who successfully goes completely around the Universe will arrive back where he started left-handed and his vital organs will be similarly reversed, thus producing a new cause of dextrocardia. It will be necessary to find a method of reversing the change which takes place at the speed of light, when we cease to be matter and become energy.

We realise that the demand for tuition in this subject will be overwhelming, and suggest that the inner pages of the more popular daily newspapers be consulted for further information.

### Welcome

On another page we have printed a list of new clinical and pre-clinical students. We hope that this list will be helpful to other students, and to old Bart's men who might recognise the name of a friend's son.

We take this opportunity of welcoming all those in their first term, and hope that they enjoy their time at Bart's.

### East Anglian Rahere Society

The Society held a very enjoyable dinner this year at the George Hotel, Colchester on October 28, 1956.

Dr. J. R. McBRIDE of East Bergholt was in the chair, and Mr. JOHN BEATTIE was the guest of honour. He gave an interesting and amusing account of the Hospital activities during the past year.

There was a good attendance of members, particularly from the Norfolk area.

It is hoped that more Bart's men in East Anglia will be able to attend next year when it is proposed to hold the dinner in the Norwich area. It would be appreciated if anyone in the area who has not received an invitation this year would write to one of the joint secretaries :

A. P. Bentall Esq., F.R.C.S.,  
69, Newmarket Road, Norwich.  
Dr. Wilfred Knight,  
10, Fonnereau Road, Ipswich.

### Canadian Honours

Mr. J. P. TODD has recently spent some time at the University of Toronto under the auspices of the Wellcome Trust. While there he was awarded the degree of Master of Surgery and the Lister Prize in Surgery of the University.

### Barrister at Law

We congratulate Dr. M. E. GLANVILL of Chard, Somerset on passing his Bar Finals. Dr. Glanvill's feat is especially praiseworthy as he is engaged as a full-time general practitioner.

### On Tour

During the past month no less than three hospital teams have been touring around the Provinces. Details of their respective successes and failures appear in more appro-

priate columns of this Journal. The ladies' hockey side spent a long weekend in Oxford, and report that they left many vivid memories at the Mitre. On their return Oxford men were depressed to learn that they spent Saturday evening in, of all places, Cambridge. But it was later revealed that they were taken there by their hosts of University College, and that the visit had little to do with the relative entertainment prospects of the two universities, or indeed, with the men's hockey side, who happened to be playing in Cambridge the same weekend.

The Rugger side are thought to have spent an enjoyable week on their Cornish tour, although a regrettably strict press censorship has been imposed on all social aspects of the excursion.

### Round the Fountain

We are pleased to report yet a further stage in the attainment of Equality for Women. A custom which originated with the Boat Club and was later observed by the Rugger Club has been adopted by the Ladies' Hockey Club ; at a recent photographic session their captain of last year was thrown into the fountain by the rest of the team. This year's captain watched the spectacle with ambivalent feelings.

### CANDID CAMERA



## NOTICES

## Round The Fountain

Copies of this collection of humorous verse and articles which have appeared in the *Journal* can be obtained from the Manager, priced 5s. At this price it is one of the cheapest, and most worthwhile Christmas presents for medical relatives and friends.

## Pot-pourri

This year the Pot-pourri will be held as usual at the Cripplegate Theatre. The performances will take place at the following times: Thursday, December 27 at 8.00 p.m.; Friday, December 28 at 8.00 p.m. and Saturday, December 29 at 5.00 p.m. The party will be held at College Hall following the last performance.

## ANNOUNCEMENTS

## Births

**FAIRBANK.**—On October 31st, to Pamela, wife of Dr. W. H. D. Fairbank of New Westminster, B.C., Canada, a son.

**GOURLAY.**—On October 1st, at St. Bartholomew's Hospital, to Margaret (*née* Hoyle) and Dr. Nigel Gourlay, a son.

**LAMBLEY.**—On October 28th, at Northampton, to Joan, wife of Derek G. Lambley, F.R.C.S., of Penshurst, Church Brampton, Northampton, a brother for Richard, Julian and Angela, Derek William Gordon.

**MEYRICK.**—On October 1st, at St. Margaret's Hospital, Epping, to Dorothy, wife of Dr. John Meyrick, a son.

**THOMPSON.**—On October 24th, at Huanpur Mission Hospital, India, to Helen, wife of Dr. Bryan Thompson, a daughter.

**WRIGHT.**—On October 15th, to Lillian, wife of Dr. W. J. Wright, a son, Robert, brother for Susan.

## Engagement

**ELLISON—BATES.**—The engagement is announced between Mr. A. J. H. Ellison and Miss M. H. Bates.

## Deaths

**BAKER.**—On October 31st, at the King Edward VII Hospital for Officers, Dr. Henry Searle Baker. Qualified 1914.

**DRURY.**—On October 12th, at Corfe Castle, Dorset, Godfrey Dru Drury, F.S.A., aged 76. Qualified 1904.

**GRIFFITH.**—On October 14th, John Richard Griffith, F.R.C.S., of Bee Houses, Bolney, Sussex, aged 68. Qualified 1915.

**POLLARD.**—On October 17th, at Eastbourne, Harold James Alexander Pollard, M.R.C.S., L.R.C.P. Qualified 1920.

**SHAW.**—On October 26th, at 7, Midhurst Avenue, Fortis Green, Dr. Ernest H. Shaw, aged 89. Qualified 1905.

**TREVAN.**—On October 13th, at Addiscombe, Surrey, John William Trevan, F.R.C.P., F.R.S., aged 69. Qualified 1911.

**WELLS.**—On October 9th, Dr. A. Q. Wells, of the Sir William Dunn School of Pathology, Oxford, aged 60. Qualified 1923.

## CALENDAR

Sat.	Dec. 8	Dr. E. R. Cullinan and Mr. J. P. Hosford on duty. Rugger : v. Saracens (A). Soccer : v. Guy's Hospital (H). Hockey : v. Lloyds Bank (H).
Wed.	12	Soccer : v. Middlesex Hospital (H).
Sat.	15	Medical and Surgical Professorial Units on duty. Rugger : v. Old Paulines (H). Hockey : v. Westminster Bank (A).
Tues.	18	Abernethian Society : Research Papers by members of the Society. Recreation Room, College Hall, 8 p.m.
Sat.	22	Dr. G. Bourne and Mr. J. B. Hume on duty. Rugger : v. Old Cranleighans (A).
Sat.	29	Dr. A. W. Spence and Mr. C. Naunton Morgan on duty.
	1957	
Sat.	Jan. 5	Dr. R. Bodley Scott and Mr. R. S. Corbett on duty. Rugger : v. Old Rutlishians (H). Soccer : v. Old Cholmeleians (H). Hockey : v. The London Hospital (H).

## OBITUARIES

### Arthur Quinton Wells

An exceptionally full and successful life ended on October 9 last when Dr. A. Q. Wells died while on holiday at Inverness. He achieved world-wide fame as the discoverer of the vole bacillus and as an authority on tuberculosis; he became a medical statesman holding high public office, yet outside and despite these commitments he led an exceedingly varied life, following several leisure pursuits, in one of which, alpine gardening, he was an acknowledged expert.

Arthur Quinton Wells was born on June 22, 1896, the fifth son of Mr. Arthur P. Wells, an ophthalmic surgeon practising in London. Two of A.Q.'s brothers also qualified here. He was at University College School, London, and St. John's College, Oxford, before coming to St. Bartholomew's. During the latter part of the First World War he served as a Surgeon Sub-Lieut., R.N.V.R. Returning to the hospital, he obtained the Oxford B.M., B.Ch. in 1923.

He practised for two years after qualification at Eynam in Derbyshire. After his marriage in 1925, he travelled round the world, and went then to live in Cambridge where he worked for several years in the department of pathology. In 1930 he returned to Bart's as the first holder of the newly created appointment of Assistant Bacteriologist and Lecturer in Bacteriology. Besides setting a high standard for the work of this post, he embarked on several research projects, for some of which he employed a qualified assistant (now himself a distinguished pathologist) at his own expense. These were studies of the growth requirements of tubercle bacilli and of methods for their direct cultivation from pathological material, of the mode of action of the ketogenic diet in urinary infections, and of experimental appendicitis. In the work involved in the last of these projects he displayed a high degree of surgical skill.

In 1936 he left Bart's for Oxford to take up the study of an epidemic disease of wild voles, under an appointment made by the Medical Research Council. It was believed at the time that information might so be obtained on the factors governing the development and cessation

of epidemics. As it proved, the main interest was in the nature of the disease itself, which was then unknown. I well remember being shown by Wells a section of the skin and subcutaneous tissues of a vole which was crammed with masses of acid-fast bacilli, much like the lesions of rat leprosy. When he cultivated these bacilli, they proved to be a hitherto unknown type of tubercle bacillus, now known as the murine type or vole bacillus. The chief interest of this organism is that although practically non-pathogenic for guinea-pigs, cattle and man, it elicits resistance to infection with the human or bovine types of bacillus when employed as a living vaccine. The vole bacillus is thus a rival to B.C.G. and at least in some ways superior to it. The long processes of animal experiment and of eventual cautious clinical trial of this method of immunisation were Wells' chief preoccupation from this time onwards, but at the same time his interest in tuberculosis generally broadened and he studied other aspects of the disease. He remained on the external staff of the Medical Research Council, served on several of its committees, and visited South Africa and the United States in connection with work on tuberculosis.

Of another direction in which his career developed we at Bart's knew little except by hearsay. Wells had outstanding qualities fitting him to be a leading administrator, experience in managing affairs, sound judgment, and in particular an imposing presence. He was very tall and distinguished in appearance and master of any situation. It is hence scarcely surprising that he was soon in demand as a councillor in Oxford affairs, and among the positions he held were the Chairmanship of the Public Health Committee of the County Council, the Chairmanship of the Oxford Regional Board, and in 1953 that of High Sheriff of Oxfordshire. These honours might have made an ordinary man a little pompous. They appeared to have not the smallest effect on Wells: whenever one met him he was the same, always apparently quietly amused with most things in life and not taking them unduly seriously.

He lived in beautiful homes, where his foremost leisure pursuit was gardening: while

he was at Bart's one of his holidays was taken in April in Greece mainly for the purpose of collecting plants. Another time of the year when he was sometimes away was the autumn, since another of his favourite pursuits was deer-stalking. He was also a fine shot and a difficult man to beat at golf.

His wife was Miss Rhona Margaret Mason, who survives him with five children, one of whom now represents the present generation of the family at this hospital.

L.P.G.

### Joseph Frederick Trewby

Supreme professional ability, athletic prowess, a unique sense of humour and great personal courage during the last sad months of his life — those are the qualities which surrounded the memory of Dr. J. F. Trewby who died in St. Bartholomew's Hospital on October 2nd, 1956.

In a recent letter to me his partner, Dr. F. Jarvis Gordon wrote:

'I had the good fortune to know Dr. Trewby for over fifty years, and to work with him for thirty of them.'

'During his early days as an anaesthetist he invented the now world-famous Trewby nosepiece for the administering of nitrous oxide gas.'

'Dr. Trewby's death will leave a much-regretted gap in the ranks of the profession.'

I myself first met Trewby in his early student days at Bart's and my memories of that time are chiefly athletic ones — he was a man of superb physique. He was selected by Thames Rowing Club for the crew that won the Thames Cup at Henley in 1905 and he captained the United Hospitals rugger team against the Springboks.

Perhaps, however, my most pleasurable memories concern his great kindness to anyone needing help and his great sense of humour. One never-to-be-forgotten evening comes to mind.

At a somewhat hilarious Thames Rowing Club gathering he and I attended when the company was listening with increasing impatience to a speech given by one of their guests, the speechmaker suddenly — conveniently — slipped and fell. His head was split open in the fall. An awkward pause hit the party.

Trewby rose gallantly, resourcefully to the occasion. With a couple of hairs quickly purloined from the tail of a cabby's horse outside and a darning needle, he stitched up the man's head!

From those early days until his death he and I remained firm friends and I hope I speak for all those who were fortunate enough to know him when I say he will be sadly missed.

E. CAMPBELL GOODALL.

### Ernest Henry Shaw

At the age of 89, Dr. Ernest H. Shaw died at his home in Fortis Green. The late Dr. Shaw began his association with this hospital in 1878, when he assisted his father who was cloakroom attendant. In an article about these early years (*St. B.H.J.*, 1949, 60, pp. 75-78) he recalled his memories of Sir James Paget, Dr. Norman Moore, Dr. W. G. Grace, Sir Anthony Bowlby and Sir D'Arcy Power.

In 1884 he started on the study of Pathology as an assistant in the Museum. Dr. A. A. Kanthack, the first Pathologist of the Hospital, played a great part in enabling Dr. Shaw to undertake a medical career. When Kanthack died during his appointment at Cambridge, where Dr. Shaw had followed as his assistant, there was a legacy which Dr. Shaw used to study medicine. This was a courageous step for a man of 32 with a wife and two children to support. But he was appointed part-time museum attendant and qualified in 1905 at the age of 38. He was awarded the Lawrence Gold Medal in Medicine, Surgery and Midwifery.

After being a house surgeon at Bart's and pathologist, Casualty Officer and Registrar at the Metropolitan Hospital, Dr. Shaw was appointed pathologist to the Royal Northern Hospital where he remained until his retirement in 1932.

He remained active until only a few years ago; he performed honorary service as a pathologist to three hospitals, and in 1952 he received an honorary F.R.C.S.

He was a keen golfer becoming president of the Highgate Golf Club in 1934.

He leaves a widow, and a son and daughter.

## LETTERS TO THE EDITOR

### POT-POURRI

Sir.—Dr. Hadfield (*St. B.H.J.*, 1956, 60, 330) is, of course, quite right; the Pot-pourri of 1936 was not the first of its kind. But as an annual event

no Pot-pourri in that year, but I believe it is true to say that the earlier shows were put on largely for the benefit of the performers themselves, whose own activities on Christmas and Boxing Days had prevented them from enjoying the efforts of their

**ALL FOR BART'S.**

*PROGRAMME*

**Rahere's Revue (1930)**

**"PRIME CUTS"**

or What, Again?

**MONDAY, 10th FEBRUARY, 1930, at 8.30 p.m.**

(By kind permission of the GOVERNORS and ALUMNI)

Tableau {A—Henry I handing to Rahere Bart's First Royal Charter  
{B—The Beacon

1. Song	...	...	"Oom-pah"	...	<i>The Labour Party.</i>
2. Sketch	...	...	"The Resident Staff, 9.30 a.m." (perhaps)	...	<i>Pink Polyps.</i>
3. Song	...	...	"Nobody Loves a Fat Girl"	...	<i>Mary's Little Lamb.</i>
4. Sketch	...	...	"Roaring Jim of Burning Gyleh"	...	<i>Facial Septette.</i>
5. Burlesque	...	...	"Medical Ours"—"Monday"	...	<i>The Labour Party.</i>
6. Sketch	...	...	"The Ghost Trade"	...	<i>Pink Polyps.</i>
7. Song	...	...	"The Chicken and the Egg" (Not too bad)	...	<i>Pink Polyps.</i>
<b>INTERVAL.</b>					
8. Song	...	...	"De Cane Brake"	...	<i>The Labour Party.</i>
9. Monologue	...	...	Selected (he only knows one)	...	<i>R.S.Q.</i>
10. Sketch	...	...	"The Flax and the Ace"	...	<i>Pink Polyps.</i>
			(With apologies to the A.D.C.)		
11. ...	...	...	"The Song of the Prune" (Fruity)	...	<i>The Labour Party.</i>
12. Dance (Adults only)	...	...	...	...	<i>R.S.Q.</i>
13. Sketch	...	...	"The Elopement"	...	<i>Pink Polyps.</i>
14. Finale	...	...	"The Village Blacksmith"	...	<i>The Company.</i>

**A SILVER COLLECTION WILL BE MADE IN THE INTERVAL IN AID OF THE APPEAL FUNDS.**

HUGHES BAND.      PIANOS by BOYD'S.      GRAMOPHONES by COLUMBIA, LTD.  
LIGHTING by VENRECO, LTD.

*The programme of the first production  
Referred to in the letter by Dr. McBride.*

the Pot-pourri undoubtedly originated in that year and I should have made it clear in my previous letter (*Ibid.*, p. 153) that it was in that sense that I referred to the 1936 production as "the first."

I am not qualified to speak of the years before 1935, and to the best of my recollection there was

rivals, and were dependent entirely for their existence on someone being found willing to undertake the thankless task of organization. This was certainly the case in 1936, and it was not until the size and enthusiasm of the audience on that occasion had shown that there was sufficient

popular demand for such a show to warrant its being given official backing that the future of the Pot-pourri was assured by the booking a few days later, of the Cripplegate Theatre for the following year.

Yours faithfully,

DONALD CROWTHER.

27, Lansdowne Road,  
London, W.11.

Sir.—I read with interest Dr. Hadfield's letter in the October *Journal*.

I think I can claim to have started these shows in 1930.

I enclose—I am afraid—a rather tired programme of the first show, and also a letter and receipt from the Appeal Department thanking me for £19 which was collected that night.

Yours faithfully,

J. R. B. MCBRIDE.

Rowan House,  
East Bergholt,  
Nr. Colchester, Essex.

Sir.—Dr. S. J. Hadfield is quite right in believing that the first Pot-pourri of Christmas Ward-shows took place before 1936. There was a performance of this kind in the Great Hall on January 14th, 1933, the Saturday evening following the production of 'The Crooked Billet' by the Amateur Dramatic Society. Dr. Hadfield himself took part

in the play and, amongst other things, danced Scottish reels in his Ward-show. The success of the Pot-pourri in January, 1933 led to its repetition the following year and I still have the programme of what was called 'The Rahere Revue', held in the Great Hall on January 20th, 1934. From then onward, the Christmas Pot-Pourri became an annual tradition, as described in Dr. Crowther's letter.

Yours faithfully,

ERIC C. O. JEWESBURY.

51, Harley Street,  
W.1.

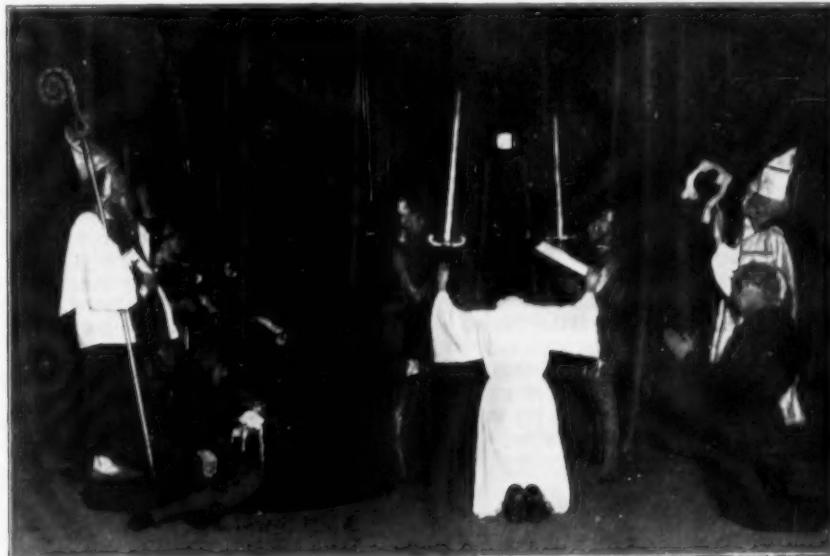
Sir.—In view of recent correspondence regarding the venue of the annual Pot-pourri I would like to record the actual date of its first performance at the Cripplegate Theatre. Working in a Department where an accurate estimate of time is essential, I have checked with the records, and with those actively associated with the production, and find that the Pot-pourri of Christmas 1937 was first performed at the Cripplegate Theatre for one night only on January 7, 1938. Keith Vartan was largely responsible for its removal to the Cripplegate, for the previous year it had been held in the Great Hall at Charterhouse Square, and before that in the Hospital Great Hall.

Originating as a one-night performance, Pot-pourri now runs for three, and this year it will take place on Thursday, Friday and Saturday, December 27—29, in the Cripplegate Theatre.

Yours,

B. CAMBRIDGE.

Williamson Laboratory.



*A Scene from the first production.  
Dr. McBride hiding his light under a beacon.*

## MESSEGUTTER

by J. A. H. BOOTES and E. M. C. ERNST

THE TAXI turned and sped back to the city, leaving us on the jetty at the foot of a long and very steep gangway, one grey morning early in August. It had taken many months of waiting and a great deal of patience before we were able to stand at the dock ready to go aboard. When we first decided to go to sea during our Summer vacation we felt quite confident of accomplishing our objective. No time was lost in setting about it, although the Christmas festivities still rang in our ears. Quite naturally, we felt, the best lines would want the best people, so our first port of call was the Cunard company, whom we rather expected to welcome us with open arms. However, five minutes after entering their offices we stood outside in the street again—slightly disillusioned and our ardour dampened. Still, we consoled ourselves with the fact that there were many more shipping offices in Leadenhall Street which represented companies equally as good as the Cunard; and we proceeded to visit them. After several very wearying days, during which we had visited almost every shipping company that has an office in London, we were no nearer to going to sea during our long vacation than we had been when we set out on our quest.

Our disappointment was not relieved until nearly Easter when we learnt that there might be a chance of a job with a Norwegian company. This was our last hope which we kept alive by fairly frequent visits to the shipping offices. It was not until the last day of our Summer term that we were told that we could be employed; and our luck held, for a tanker had applied for two messboys that very day.

The following days were a whirlwind of activity as we searched for the clothes we should need and had the injections necessary for travellers in the tropics. Then, we came abruptly to our senses as we stood alone with our luggage at the foot of the gangway of our tanker.

Firstly, we surveyed the ship from bows to stern and back again in what we felt was a true nautical manner; but when we had climbed aboard and stood very self-consciously on the after-tank deck our nautical confidence deserted us, for we were in a

quandary whether we should make our way aft or amidships. Luckily a member of the crew appeared; he was a Canadian with whom we became great friends later on the trip. He took us firstly to the Captain and thence to the Steward, before hurrying off to tell the rest of the crew of the two new messboys with their peculiar accents.

Our ship was M.T. *Britta* of 19,000 tons gross and 578 feet in length and carried oil between the Persian Gulf and Northern Europe. Only three years old her accommodation was good—most of the crew having cabins to themselves whilst we shared one. Although she was a Norwegian ship several members of the crew were British and most of the Norwegians spoke some form of English. We soon settled in and adapted ourselves to their way of life, so that it was not very long before they accepted us as one of themselves. It was not long too before they knew us to be medical students, and we found our opinions sought on many aches and pains, while dressing cuts and delivering pills became part of the everyday routine. Our reputation became so great in these matters that when one member of the crew developed toothache on the return trip, everyone felt that it was our duty to remove the offending molar, and suggested that we approached Chippy about borrowing his pliers! The poor victim seemed to make a sudden and miraculous recovery on learning of what was in store for him.

The crew could never fully understand their new messboys, who were on good terms with most of the officers, often frequenting the sanctity of the bridge. To the Steward they were a nightmare—demanding gin with the crew's issue of lime juice; while the Chief Engineer himself took them on a conducted tour of the engine room. We were even allowed to take the wheel for an hour each on different occasions, one of which ended by the ringing of sixteen bells—a signal so strange that it brought the senior officers rushing from their cabins to enquire after the trouble. In spite of this they were very patient with us, and we would like to say how much we appreciated their kindness.

The food aboard was quite palatable although we drew a line at eating blood pudding. Our greatest surprise in the fare was at the many ways in which fish could be disguised. Not satisfied with boiled, fried or baked fish, it appeared as fish-balls, fish-cakes and even fish-pudding. There was also an abundant supply of fresh fruit aboard, and the menu was not entirely lacking in dishes more familiar to us—despite one member of the catering staff on two occasions, attempting to deprive everyone of the pleasure of eating them. In the first instance he succeeded in feeding the meat cut up for the next day's curry to the dog, and in the second, he threw what he thought to be slops over the side but which in fact was the Irish stew for that day! Luckily, one of the many forms of *fiske* came to the rescue.

Appetites were always good as was well illustrated on one occasion by a member of the crew eating all the chicken laid out for four, while his mess companions were tidying themselves before coming to their meals. They entered the mess to find the meat dish empty, and the gourmand sitting with a pile of perfectly cleaned bones on the table beside his plate, waiting for a second helping!

The tanker's ample facilities for carrying water were always appreciated, especially in the hot weather when there was a great demand for iced water to drink, and hot water with which to shower. The abundance of water however, did not deprive us of witnessing the Norwegian appreciation of alcohol—in any form as we learnt. In the course of the trip one member of the crew drank a bottle of whisky one night and for several hours afterwards he wandered around the ship under the impression that he was Rocky Marciano. Instead of being sober the next day when he had no spirits left, he remained completely drunk while a pleasant but sickly smell pervaded everywhere he went. The reason for this situation remained a mystery until, during the preparation of the midday meal, the vanilla essence was required to flavour a mixture. A pint bottle of essence had been drunk dry—its small content of alcohol had been the attraction. Yet, even when deprived of any more, our drunken friend drank all the after-shave lotion he could find—with of course, similar effects.

With a crisis in the Middle East, the Suez area held an added interest for us, and the presence of some Russian shipping gave

us thought of what attitude the Arabs would adopt towards us. Any fears were groundless for no one had any interest in who controlled the Canal so long as there was no interference with their trade. When a ship waits to enter the Suez Canal, it is immediately thronged by Arabs in their bum-boats, who if possible will climb aboard to sell their wares and to take anything that they can. It has been known for them to stand on deck in conversation with someone, and at the same time unscrew the nut from a fitting on deck with their toes, then walk off with the nut unnoticed, still clutched in their toes.

To everyone aboard they are a source of fun, for although the great majority of them are illiterate they speak any language necessary, even to putting on a Scottish brogue for any "Jocks" aboard. All their wares are sold by barter, and when buying, so much shouting and swearing takes place that one feels that blows are imminent. However, this never happens and eventually a suitable price is agreed, and the purchase made. At night in the Canal the boatmen aboard will dance; the dancer's hips swaying to the rhythm of the clap of his companions' hands.

On the return trip one of our Taffies demonstrated a little jiving to these boatmen, but unfortunately his enthusiasm took him too far and at the height of his display he pranced right into the middle of the wares of one of the boatmen, who had laid them out on the deck, breaking a pair of sunglasses. Above the ensuing laughter the Arab could be heard screaming in his piping voice, 'ten shillings, ten shillings, very good sunglasses, you pay ten shillings'. Taffy looked in horror at this gesticulating bundle, and whether the Arab felt frightened, or had a sudden surge of generosity we never knew, but he cut his price by half. Even this was exorbitant and the situation was finally settled with the presentation of twenty cigarettes which cost Taffy one shilling. He did have the consolation of knowing that he had prevented someone from ruining his eyesight by using the sunglasses, which were even too dark to see the sun.

Strikes, we found, were a malady as common to the Persian Gulf as England. When we arrived at our loading point at Umm Said, the Arabs were on strike, but luckily for us they returned to work after only four hours delay. Misfortune then stepped in, for when the oil pipes, which run along the sea bed to the tankers moored off-shore, were being

hauled aboard, the hawsers snapped and the pipes plunged back into the sea, leaving no indication of their position. There was a delay of eight hours, which was not appreciated in the temperature of over 120° in the shade. Our patience was eventually rewarded by the appearance of a diver, who proved to be a novelty not only for us but several of the crew as well.

Memories of the trip flood back with every thought : the excitement at our first glimpses of sharks and giant rays, while hardly a day passed once we were in the warm waters, when there were no dolphins or porpoises playing around the ship. The intense heat of the Persian Gulf and the Red Sea were an unpleasant experience, and we soon were able to differentiate between the dry heat of the latter, and the damp heat of the former. In contrast to this there was the monsoon weather in the Arabian Sea when the rolling

of the ship made the carrying of bowls of soup a hazardous occupation.

The endless wastes of sand were distasteful to us ; on our return journey we encountered a mild sandstorm in the Red Sea. The different coastlines seen, for our course was very near the coast, were a great source of interest and beauty, especially that of Southern Spain, where, on the mountain slopes in cosy niches, tiny fishing villages nestled sparkling like jewels in the bright sunlight.

Then, suddenly we were off the Bar Light picking up the pilot to take us down the Mersey to Liverpool ; it was all over. For us it was the end of a wonderful experience in which we had covered over 13,000 miles ; for the ship and the majority of her crew it was the end of just another trip.

Thirty-six hours after docking she sailed again, bound once more for the Persian Gulf ; and how we wished we were aboard.

## STUDENTS UNION

### COUNCIL MEETING

A meeting of the Students' Union Council was held on October 31st.

The following items were discussed :—

1. *Abernethian Room and Hospital Cloakroom*—no definite decisions have been taken regarding the future of these places.

2. *The Midwifery Clerks' Sitting Room* will be re-furnished in the near future. The following new articles will replace some of those now existing : hair-cord carpet ; upholstered arm-chair ; small smart table instead of the large one ; table lamp.

The Rahere Association is being approached about a television set, and some pictures from Mr. Gower's private collection will be hung in the room.

3. *College Advisers.* It was proposed that Charterhouse Students should have a Charterhouse Staff Adviser and the Students in the Hospital should have a Hospital Staff Adviser. Advisers should be seen once a term either collectively or individually.

Apart from this the student should be able to see his adviser by appointment should any pressing problem arise.

4. *Election of Officers.*

The following Officers were elected—

*President*—Dr. E. R. Cullinan.

*Treasurers*—Mr. J. B. Hume, Dr. H. W.

Balme, Dr. D. A. McDonald.

*Vice-presidents*—B. W. D. Badley, J.

Creightmore, A. Edwards.

*Senior Secretary*—R. G. White.

*Junior Secretary*—J. Owens.

*Financial Secretary*—J. T. Silverstone.

The retiring officers of the Union were thanked for their work and the time spent on Union matters during the past year.

5. *Provision of a Piano for the Gymnasium.* A representative from the Rugger Club asked the Union to provide a piano for the Gym. The cost of hiring a piano was considerable, and as the Gym was decorated with the idea of holding dances in it, it should contain a piano. If suitable storage space can be found for the piano the Union will consider buying a piano and hiring it out to the Clubs.

6. *Boat Club Ball and Raffle.* Permission was given for the Boat Club to have their Ball on December 11th and to hold a Christmas Raffle.

7. *Dramatic Society.* It is intended that several one act play performances be held in the Recreation Room, College Hall, during the spring. The idea was greeted with enthusiasm.

8. *Honour Colours.* M. Y. Scorer and A. Galbraith, members of the Golf Club, have been awarded Honour Colours.

9. Permission was given to the Fourteenth Decennial Club to hold its Inaugural Meeting on December 7th in the Abernethian Room.

10. Permission was given to the Christian Union to use the Music Room in College Hall on every Tuesday 1.00-1.30 p.m. throughout the Michaelmas and Lent terms.

## DREAMS, DREAMERS, AND POETS

by EMANUEL MILLER

THE SUBJECT of this communication takes us to the very heart of the mental life and brings home to us that the spectrum of mental activity extends from the infra-red of the basic drives — which have all content and little pattern — to the ultra-violet of creative activities, which informs not only the scientific pictures of the world, but the creative activities as seen in the work of the poetic images.

No less a rigid thinker than Thomas Hobbes in his *Leviathan* speaks of the train of thought or mental discourse as being of two sorts. He says, 'The first is Unguided, without Design, and inconstant, wherein there is no possible thought to govern and direct those that follow to itself as the end and scope of some desire, or other passion ; in which case the thoughts are said to wander and seem impertinent one to another, as in a dream. Such are commonly the thoughts of men that are not only without company, but also without care of anything ; though even then their thoughts are as busy as at other times, but without harmony ; as the sound which a lute out of tune would yield to any man ; or in tune, to one who could not play. And yet, in this wild ranging of the mind, a man may oftentimes perceive the way of it and the dependence of one thought upon another'. 'The second train of thought is more constant, as being regulated by some desire and design'.

This excerpt from Hobbes not only shows him to be a forerunner of modern psychopathology but one who has, like many others, not flinched from admission that there are realms of mental activity which, while lacking the regulations of conscious, rational

### Dr. Emanuel Miller

Dr. Miller, M.A., F.R.C.P., D.P.M., is a graduate of Cambridge and The London Hospital. He has been Director of the Child Guidance Clinic of the West End Hospital for Nervous Diseases, and a Lecturer to Medical Postgraduates at the University of Cambridge.

At present he is Physician in Child Psychiatry at St. George's Hospital, and Lecturer at the Institute of Psychiatry. He is a Lt.-Colonel in the R.A.M.C.

He has written widely on Psychiatric subjects.

control, are of profound influence, particularly in the field of the creative activities. In taking up the subject of dreams and dreamers, I will attempt to shew that there are factors common to the co-ordinated end products of mind in scientific and poetic activity, and those aberrations or seeming aberrations, which lie at the root of mental disorder.

This thesis, therefore, pre-supposes a common ground in the mental life from which emerge, through the operation of laws of feeling and of cognition, the major activities, which give to Man his particular contribution to his understanding of himself and the world to which he must make his diurnal adjustments.

All great writers have, from time to time, been surprised at the quality of their own works. Even Voltaire, on seeing one of his tragedies performed, exclaimed 'Was it really I wrote that !'. It is as if inspiration comes from without, as if some celestial patroness comes uninvited and :—

' Dictates to him slumbering or inspires,  
Easy unpremeditated verse '.

This 'coming from without' is soon revealed as having its origin from within, and whether the poet sees in the fevered moment of inspiration a projected vision, it has all the qualities of the dream-life, which is subsequently controlled by cognitive factors and the dictates of aesthetic principles.

There is admittedly an imperceptible transmission from the banal day-dreams of the common man, which are on the threshold of consciousness, and the 'dream-work' as Freud calls it, which we employ during actual sleep. But even after our day-dreams, when we escape from immersion in reverie, we only remember in consciousness a selective portion of their content and little of their root impulses or compulsions ; the poet only knows what he can remember to suit the purpose of his poetic form. Charles Lamb stated that the true poet 'dreams being awake, dreams which wave between

the half-shut eye'. Coleridge spoke of the 'streamy consciousness' from which the creative activity selected the significant. And Edgar Allan Poe too, says 'I peer over the edge of the conscious world and into the house and Utgard of the sub-conscious'. In Biblical antiquity, we note the words of Job, 'In a dream, in a vision of the night, He openeth the ears of men and sealeth their instruction'. The philosopher Kant says in his *Anthropology* 'Dreams lay bare to us our hidden dispositions'; and again from Lamb, 'We try to spell in them the alphabet of the invisible word'.

These forerunners of modern psychology of the unconscious show us that Freud was not so much the *discoverer* of the unconscious, but the *uncoverer* of its laws of operation.

In order to give emphasis to the personal quality of the dream-life as against its general qualities and laws of operation, I have distinguished, in my title, dreams from dreamers. As both Freud and Jung have demonstrated to us, the dream life has certain fundamental mechanisms, and elaborates the basic mental processes in ways which can be identified. Manifest content arises from latent content by the dream work, and the latent content has yet a deeper stratum, having as its structure a symbolism which Freud has accepted as possessing a general quality, and which Jung expresses more emphatically as primordial or Archetypal. As there are basal processes in cellular physiology which are phylogenetic, so in the mental life, the primal interests which have become imbedded in the culture are expressed in imagery which has, as it were, become a coagulum in culture forms which are archetypal.

This conception of a primordium, from which the personal life arises from individual experience, can be expressed in terms of the relation of the genotype to the phenotype. It is true that we cannot express mental phylogeny in the same way as we can physical phylogeny in terms of genetic laws. Mental inheritance can indeed only be subsumed in terms of physical processes, but heuristically we can assume an 'as if' because of the universal distribution of symbols which are trans-cultural: although Elliot Smith was satisfied by the explanation of these widely distributed symbols or archetypes in terms of cultural contact — the spread from certain

well-defined culture centres as expressed in his debatable books, *Elephants & Ethnologists* and *The Flight & the Dragon*. It is sometimes a matter of surprise that Schizophrenic symbolism, though proliferating in private or artistic thinking, has a trans-cultural sameness.

Let us return for a moment to the accepted mechanism of dreams. The fundamental drives working in and through the personal life, are, because of moral compulsions, subject at first to a censorship, which we call conscience. To escape censorship, yet to provide the biological needs of sleep to sleeper in his diurnal-nocturnal rhythms, the latent content of illicit wishing and desiring is transmuted by displacement, dramatisation, and secondary elaboration. The dream work is a method of using these processes of disguise or subterfuge, so that the terminal expression seems to be innocuous, fatuous, fantastic, or betrays over all the quality of myth or fairy tale. In the nightmare, the violence of the pent-up affect, warring against restraint, breaks through with only unaccountable horror or is dressed up in high tragedy which resembles the tragic themes of classical drama, or the thinly disguised enigmas of surrealist art. In the analysis of a dream, the technique of free association discloses the undertones which these mechanisms disguise. The ease with which we sometimes relate a dream because we joyfully, indeed, cannot make head or tale of it, is a testimony to our gift of obscuration — to deceive the conscious self that it is above the battle of its own complexes. And this means above its desires and passions, for without the driving force of the one, the warmth of the other and the control of the forces of censorship, the dream would have neither content nor form. In every dream, the pattern and the words and objects which go to its composition are saturated with feeling. How often does a teller of dreams say, 'If only I could remember that word', then it comes, but it may still be wrapt in obscurity until the affect that prompted it is released and relived. Feeling has been described as 'the mother-mood of dreams'. The motor forces which might be illicitly and dangerously expressed become condensed upon an object, a situation, or a mere word, like electric charges which congregate tenaciously on surfaces until they escape at one point. The analogy suits the high potential of the dream dynamics. An unresolved wish-inhibited situation

will repeat itself in divers ways, but there occurs in many people the repeated dream through childhood to age, and this because the affect remains unventilated and requires a constancy of expression — a ruling passion and a guiding imagery — indeed dreams have style, as writing, poetry, and painting have style. It marks the man, the dreamer, and the creator.

This quality of style is something which long acquaintance with a patient reveals to us. There is not only a style of life which Adler recognised, but a style of dreaming — style in neurotic reaction formation. It is true we run true to type, and have basic similarities and even in the cleavages and disintegration of Hysteria and Schizophrenia we note, if we are careful and interested enough, a quality of imagery, however fragmentary, which reflects and reveals affects of importance. And here I must pause to point out the essential difference between the different kinds of mental unity ; the syntony of the average person (whoever he may be) ; the dystonia of the hysteric, still betraying a kind of reactive effort at unity, for some measure of survival ; the essential disunity of Schizophrenia. These degrees of integration are seen in dreams, in daily living, and above all, in creative activity.

Many thinkers have boggled at the idea of an unconscious mental life as providing the seeds of paradox in our conception of the organism of Man. Yet if we rightly hold on to the idea of the oneness of the psycho-physical system, its essential need for equilibrium, the problem becomes a semantic one. Unconscious is not substantive but adjectival. To be unconscious — i.e. rendered outside awareness yet still operative, will assign a structure and a function to a part of experience. Yet another moiety organically speaking, more powerful than the 'unbewusste', is the organic dynamic substrate concerned with the instinctual necessities, the tissue life of gland and neurone, the biochemical world which is the instrument of the deepest of needs which resonate throughout the body, and whose tunes, as it were, murmur in the corridors of the nervous system and ultimately ring aloud in consciousness, and in the acts of living.

When we speak thus of creativeness, we should — as scientists — claim that it is an essential activity in organic life ; from the maintenance and repairing of tissues, to the

level of creative adjustment to every new situation, and to every novel nuance of thought in science and poetry. Is it, therefore, extravagant to suggest that at all levels of integration, creative activity is involved? And even in the evolution and dissolution processes which Hughlings Jackson defined, the neurosis and psychosis betray efforts at re-creation at lower levels of the mental life.

When Shelley stated 'poets are the true legislators of the world', he did not suggest that they should sit in the law-making chambers of the world, but that they possessed an insight into the laws of the mind, expressed in terms of a keen perception of the passions in depth, and in attitudes imaginatively conveyed in emotionally charged words. They realised through prolonged contemplation, the deeper qualities of the mind, not in the dream interpretations of the analyst, but by distilling in concrete universal terms, the strivings of the subconscious ; archaic in form — symbolic — in the sense that Goethe stated that what is truly deep and significant is always symbolic. An important proviso must here be made, which is that symbolism in the depth of dreams, in the tissue of psychotic thinking, and in the sublimed essence of poetry, is not merely a way in which emotions, forbidden or otherwise, are wrapt up — but is a form of knowledge — a cognitive aspect of deep experience. It is a way of knowing without the apparent operation of laws of reasoning. I am prepared to say it has a logic of its own, the kind of perverse yet sometimes revealing logic of some highly endowed schizophrenics.

While its data arises in cognition emotionally charged, it is not knowing winnowed and controlled by the laws of contradiction — it plays easily with fallacies, and possesses all the contradiction which waking logic detects and corrects ; its syllogisms always have an undistributed middle term, it trades upon *propter hoc*, on the fallacy of accident. In this regard, the passage from dream to waking, from psychosis to normality, is an all too easy slope.

This sense of continuity between levels in the organic-mental hierarchy can only be understood in the light of some psychopathology, not, however, used as a final 'open sesame', but as an instrument, a complex of operational concepts which must be modified with advancing knowledge. Yet even

possessed of such an instrument of analysis, we must humbly admit that we do not yet know of the laws of transition from primal, archaic forms of thought, personal and general. We know something of the relation between dream work and the structure of neurosis. This is but a method of modifying in terms of instinct-conscious conflicts, the stress which the mind must overcome and master at any price, a mastery which is regressive, with pseudo-adaptive mechanisms of conversion, displacement, denial, immobility. Whilst these processes are, in a sense, adaptive as in Hysteria and the repetitive compulsions, they are not life-furthering, not illuminating to the path of life. The translation of inner turmoil into the artistic activities, or in creative scientific insights, is synthetic in the highest sense. In such a synthesis (and what a paradox!) something new is created, but at the same time, its recognition by the observer discloses that in the new, the basically significant and *primaevae* is revealed and enjoyed.

I think we ought to say that dreams possess some of the raw material of madness, and that madness has broken down the barbed-wire entanglements of censorship, and has invaded the waking life. If that be so, then there were poets who were truly mad for periods, such as Cowper and Swift, but that with others, it was translated into a creative activity through a fine, atomising jet in the individual poems, and the controlled perceptual acuity—or a constant ecstatic life-style, as in Blake only impeded or sublimed by the technical mastery in writing and painting. As you will recently have heard, Lord Russell himself almost

swooned when a colleague recited 'Tiger, Tiger, burning bright'. Indeed, it is the awful symmetry of the poetic art which bridges madness and inspiration—the 'vis medica poeticae'.

The vicissitudes of the creative artist, and indeed of creative impulse in general, its undertones and its variability through changing mood and ripening effects of experience, is well illustrated in the life of Ruskin. At first interested in geology, which was enriched by literary skill, he wrote brilliantly of the Alps, but the sight of the splendours of Italy struck a spark which ignited the 'Seven Lamps of Architecture'. What significant undercurrents occasioned this change would only be understood in the light of his mental development in childhood, and the tragic tangle of his later love life and final descent into the darkness of insanity.

In studying the poems of great writers, or the imaginative, daemonic prose of Bunyan for example, we are witnessing the anguished efforts at times, to give order and controlled form to dynamic undertones which, if left unscreened and undistilled, would overwhelm and destroy. Shelley illustrates this in his life, in his verse, and some drawings recently published. The latter shew the Kakadaemon which he tried to master; the conversion of terrestrial love into the love of mankind, which informs his political writings. Schizophrenic poetry and drawings give us insights which may help us to build up transitional aesthetic principles, as well as throwing light on the psycho-physical processes involved. But the time has not yet arrived.

## SO TO SPEAK

Hill End

*Conversation piece:*

SURGEON: Where are the X-ray plates?

RADIOGRAPHER: In the tub, Mr. Tank.

A Nasty Mess

*From a clinical note:*

The patient was anticoagulated.

## ALMOST A CENTENARIAN

by TREVOR H. HOWELL.

I HAVE had several centenarians as patients. In future, I look forward to having many more, since their numbers seem to be rapidly increasing. According to the Registrar General, 91 people over the age of 100 died during 1942: but the corresponding figure for 1953 was 195, of whom 48 were men. At present there are several hospitals for the aged which can show off their celebrated oldest inhabitant to important visitors, and mention with pride the arrival of that telegram from the Queen which means so much.

My first centenarian was a Chelsea pensioner—incidentally the oldest air raid casualty of the war. I had hoped to perform a post mortem examination upon him in due course, but the bomb which blew him up made this impossible. It was somewhat disappointing, since I wished to follow the example of that famous Bart's physician, William Harvey, whose anatomical examination of Thomas Parr is so well known. Since then, although I have managed to get autopsies upon no less than forty nonagenarians, it has never been possible to obtain permission for a post mortem on any of my patients who were over 100.

On one occasion, I thought that the ambition would be realised at last. There was transferred to my wards an old lady of 98, whose general condition was reasonably good. She had been bed-ridden for several years and was incontinent of urine. Nevertheless, her mind was clear and she seemed quite intelligent. She gave me an interesting account of her evacuation from London to Oswestry during the early part of the war. Apart from a harsh apical systolic murmur, there were no obviously abnormal physical signs.

We watched our patient with great interest. She had a healthy appetite and was always ready for her meals. Her 99th birthday

passed without incident. We looked forward to celebrating the next one, as month succeeded month. Then, three weeks before the momentous date, the old lady developed a left hemiplegia. Three days later there was a patch of gangrene on her sacrum. Within the week coarse moist sounds could be heard in the lungs and our patient died—a fortnight before her hundredth birthday!

Since there were no surviving relatives, there was no difficulty over consent for the autopsy. The body looked wasted, the brown pubic hair, contrasting with scanty white locks on the scalp. As the chest was opened, pleural adhesions were found on the right side. The lungs showed atrophic emphysema and had oedema with broncho-pneumonia at both bases. There was an old scar at the right apex. The large intestine showed many diverticula, but the stomach and small gut were normal. The pancreas was thin, weighing only 2 ounces, when dissected. The spleen weighed 2½ ounces, being small and shrunken. The liver was also wasted (1 lb. 12 oz.) and had a gall bladder containing several pigment stones. The right kidney was sclerotic and contained a large cyst. It weighed 4½ oz. The left was similar, but smaller (3½ oz.). The uterus was less atrophied than might have been expected. It contained a little pus. Both ovaries were very small. The heart weighed 10½ oz. showing a left ventricle which was hypertrophied. The mitral valve was wrinkled and thickened, taking only the tips of two fingers. The aortic valve cusps were thick with calcification, yet the coronary arteries showed only slight atheroma. On the other hand, the aorta was heavily calcified and its bifurcation was almost blocked by antemortem clot, which also filled the iliac arteries. The sternum contained marrow which seemed pale and gelatinous. We found the skull thick and dense, hard to open. The brain within had red softening in the right occipital lobe and around the right lenticular nucleus. There was patchy atheroma in the Circle of Willis.

As I filled up the death certificate, I wondered what had been the cause of the

### Dr. Trevor Henry Howell

Dr. Howell, M.R.C.P., Ed., is Lecturer in the Problems of Old Age at this Hospital. He qualified from Bart's in 1934.

He is Physician to the Geriatric Research Unit at St. John's Hospital, Battersea, and is an Honorary Medical Tutor at the Postgraduate Medical School.

He is the author of many papers and books on Geriatrics.

final breakdown. The atheroma and calcification in those vessels must have been present for a long time. The broncho-pneumonia was clearly terminal. The patient had not died from the general atrophy of her various organs. Although she had mitral stenosis

anatomically, there had been no sign of congestive cardiac failure. Something had happened to precipitate a thrombosis in those arteries. What it was, I will never know. But why could it not have waited for another fortnight?

## SHORT BACK AND SIDES

I AM NOT comfortable in the barber's chair. It's so difficult to find the right place, the middle class establishment. Either one is patronised in a glittering *salon aux hommes* and has to sign a cheque for a light trim, or one waits amongst greasy piles of last year's Picture Post for a standard bob's worth of sergeant-major's delight.

All my friends seem to have a secure arrangement with some discreet saloon where they are turned out immaculate at astonishingly regular intervals. They don't have difficulty with the jargon either. Confronted with a list of fascinating possibilities from vibro-massage to manicure they get themselves shaved, lying at ease supine under a cumulus of soap, shampooed or singed according to the mood. I study it like the menu at a foreign restaurant and take refuge in one familiar item 'haircut'. Anyway, the idea of having my head publicly washed is revolting.

The familiar process begins.

'How do you like it sir?'

'Short back and sides'.

He stares at my two months' growth incredulously. I know what he's thinking—'if you like it short, why the hell . . .'. I know he thinks this because when he's taken off the first heavy crop with a small electric mower he ostentatiously removes the sheet and shakes it, or even goes off for the broom and has a sweep round. Then he starts talking. Rarely is one left in silence to study the faded pattern in the decayed linoleum, the corrosion that creeps along old chromium fittings, the grey pipes snaking away from Shanks's Leadless Glaze basins. ('Mr. Tupman, Mr. Shanks wants to see you in his office. You've been letting the lead into the glaze again'). My ruminations are shattered by a breezy voice telling me it's a nice day, and what will old Nasser get up to next, and how about Watford's chances on Saturday. All this time I can see in the mirror beyond

the lurid bottles of brilliantine some easy fellow talking confidentially to his engrossed operator, watching me and listening to my fool answers. After ten minutes of this I'm desperate and growl my man into offended silence.

Now comes the moment when he fiddles with scissors taken from behind a cracked glass door labelled 'Sterilizer' and I know he's got down to studying my scalp. He pauses in mid-snip to gaze at it, then strolls off to whisper to a colleague in the corner. 'Cor, what dandruff Bert' or 'come and see what I've found'—I can never catch the words. At last he comes back for the catechism. The smooth man behind the brilliantine is watching me.

'Would you like the sideboards taken up?'

'Yes, just a little.' Faint assertion of choice.

'Any dressing on?'

'No, I use my own.' Scoring a point here.

'Can I raise the parting?'

'Please do.' Losing it again.

'Razor on the neck?'

'Certainly.' All square.

The mirror is flourished to display my rear view and I give that inane nod of approval with which one acknowledges the first taste of a bottle of wine. I've always longed to thump the table and shout 'this isn't the Lafite '45!' and the same feeling wells up now. To be able to say simply 'that won't do—a little more off the left side'. Or even 'hopeless. Do it again'.

The last straw is the towel thrust into the hand as one rises. What does one do with the towel? Wipe round the ears, under the collar, mop the brow? I make some passes with it and take my brushing down completely demoralised. Finally the magnanimous gesture of the fool, the large tip I can't afford, and I stumble away determined not to go back for another two months.

SCIAPUS.

## EXAMINATION RESULTS

### UNIVERSITY OF OXFORD

#### Final B.M. Examination Long Vacation, 1956

##### Forensic Medicine and Public Health

Addison, M. M. Creightmore, J. Q.  
Wright, G. R. K.

##### Clinical and Special Pathology

Addison, M. M. Wright, G. R. K.

### UNIVERSITY OF LONDON

#### Third (M.B., B.S.) Examination October, 1956

##### Honours

Butler, A. C. (Distinguished in Pathology and in Applied Pharmacology and Therapeutics).

##### Pass

Balhetchet, M. S.	Blake, H. V.
Cochrane, I. H.	Deering, R. B.
Doherty, R. P.	Edwards, V. G.
Freestone, D. S.	Hayes, M. E. B.
Jewell, W. H. M.	McGladdery, J. A.
McKenna, J. A.	Macvie, S. I.
Misiewicz, J. J.	Ormerod, T. P.
Plumb, M. E.	Roberts, I.
Rosborough, D.	Smith, G. C.
Taylor, G. P.	Thom, B. T.
Womersley, B. J.	

##### Supplementary Pass List

##### Part I

Burles, P. G.	Cochrane, T. D.
Coltart, N. E. C.	Costley, S. R.
Garnham, J. C.	Graham-Evans, J. N.
Grasset-Molloy, G. J. M.	Laurent, J. M.
Lemon, J. H.	Lloyd, A. V. C.
Marston, M. S.	Nicholson, J. R.
Nixon, T. C. P.	Parsons, D. F.
Peacey, J. M.	Plumtree, A. M. M.
Snart, A. G.	Taggart, P. I.
Thomas, A. A.	Thomas, S.
Ware, J. M.	Watts, N. M.
	Wilson, J. A.

##### Part II

Bickham, E. E. M.	Harrold, B. P.
	Nicholson, J. R.

##### Part III

Pool, K. S. J.	Pringle, L.
Read, J. M.	Williams, J. C. L.

##### Part IV

Bickham, E. E. M.	Harrold, B. P.
Lammiman, D. A.	Pool, K. S. J.
Read, J. M.	Taggart, P. I.

#### General Second Examination

September, 1956

Davies, G.	Muzio, D. M.	Robinson, J. S.
	Thomas, B.	

#### Examination for the Academic Post-graduate Diploma in Clinical Pathology

1956

Wallace, J. G.

#### Examination for the Academic Post-graduate Diploma in Public Health

September, 1956

Rigby, E. P.

#### Scholarship Awards

##### Sir William Dunn Scholarship

Besser, G. M.

##### University Studentship in Physiology

Tooby, D. J.

#### CONJOINT BOARD

#### Final Examination October 1956

##### Pathology

Wright, G. R. K.	Burles, P. G.
Cochrane, T. D.	Garnham, J. C.
	Graham-Evans, J. N.

##### Medicine

Dawson, J. B.	Butler, A. C.
Thomas, D. W. P.	Parker, J. D. J.
Rosborough, D.	Lloyd, A. G.

##### Surgery

Dawson, J. B.	Butler, A. C.
Thomas, D. W. P.	Morgan, D. R.

##### Midwifery

Dawson, J. B.	Butler, A. C.
Thomas, D. W. P.	Parker, J. D. J.
	Rosborough, D.

The following have completed the examination for the Diplomas M.R.C.S., L.R.C.P.:—

Dawson, J. B.	Butler, A. C.
Thomas, D. W. P.	Rosborough, D.
	Lloyd, A. G.

#### First Examination September, 1956

##### Anatomy

Andan, A.	Simons, A. G. E.
	Russell, A. J.

##### Physiology

Andan, A.

Stuart, I. M.	Pharmacology
	Lewis, J. H.

## AMATEUR DRAMATIC SOCIETY

THE CRITIC of the Annual Production of the Amateur Dramatic Society is handicapped. By the time his views are published the sets have long been dismantled and the last vestiges of grease paint removed from the actors' faces. He cannot advise his readers to see, or to refrain from seeing, the play, for any such advice would be redundant. All that he can do is to record his impressions for posterity, and to make certain suggestions regarding future productions.

Unfortunately his suggestions are frequently ignored. Last year the reviewer pointed out that a stylized comedy requires impeccable acting beyond the scope of most amateurs ; he also indicated that it might be rash to choose a play which had been suc-

cessfully filmed, as a large proportion of the audience would have seen the film and make comparisons in which the amateurs must come off worse. Following these helpful remarks we have been given another sophisticated comedy which has also been made into a delightful film ; *BLITHE SPIRIT*, by Noël Coward. I must, however, with the generosity attributed to critics, say that this time the comedy succeeded in keeping us amused for the whole evening. To intimate that some of the laughs might have been unintended would be uncharitable.

The production was dominated by the ladies. Nancy Watts (*Madam Arcati*) acted with gusto : her performance was excellent, but there were times when her breathless-



*Madame Arcati* (NANCY WATTS) calls the spirits.



From left to right : *Mrs. Bradman* (MARJORIE WOOD); *Charles Condamine* (TREVOR ROBINSON); *Madam Arcati* (NANCY WATTS); *Ruth Condamine* (VERONICA REES); *Elvira* (MURIEL PARKER); *Dr. Bradman* (HUGH RICHARDS).

ness left me panting. She was a cross between Margaret Rutherford and a hockey mistress at St. Trinian's. The producer was fortunate in having two experienced actresses to play the part of Charles Condamine's wives. Muriel Parker (*Elvira*) gave the best performance of the evening. Her willowy movements and genteel bitchiness were just right; whenever she was on the stage she became the focal point. Veronica Rees (*Ruth*) was also good, but some of her actions were stiff, and her voice hard—I felt in awe of her rather than in sympathy for her unhappy situation. Janice Swallow (*Edith*) gave her part of the maid enough simple mindedness to make her exasperating to any employer, and Marjorie Wood (*Mrs. Bradman*) was appropriately effusive as the doctor's wife.

The men were not quite so happy. In one of the longest roles in the Theatre Trevor Robinson (*Charles Condamine*) tried gamely. He lacked variety of gesture and expression, I tended to become slightly distracted by his repeated shrug. He could with advantage look more frequently at the person he is addressing, and realise that the delivery of lines with one's back to the audience tends to drown the words. He did strike the right note of dismayed frustration when his living wife refused to believe in the reincarnation of her ethereal predecessor. Hugh Richards (*Dr. Bradman*) never looked quite at ease on the stage, although he did possess the virtue of being consistently good.

The production by Victor Major was good, and some of the staging excellent, especially the placing of Elvira. The pace never lagged and most of the humour came across. I did not like Elvira's dance, it was not spontaneous enough, and continued for a shade too long. It was a pity that the play was under-rehearsed, there can be little excuse for the amount of prompting that was required.

The Stage Manager, John Martin, is to be congratulated on his sound effects, and especially on the disintegration of the room just before the final curtain.

It is only too easy to find fault with any production, and the sense of superiority which we might feel at some of the 'gaffes' of the cast should be tempered with gratitude. It requires a great deal of time by everyone concerned before an audience can sit in their seats and watch a play. We

frequently hear that students are apathetic, and they never do anything for themselves. The Dramatic Society at least, are free from this charge.

What about next year? Undaunted by the disregard shown to my predecessor's remarks, I shall offer some suggestions. Firstly, I think that a better time for the annual production would be early in the New Year, when the Pot-pourri has satisfied our appetite for broad comedy, and when examinations seem to be less imminent. Secondly, let me urge greater imagination in the choice of play. It would be valuable to be able to see something new, whether comedy or tragedy. While the members of the Dramatic Society are not grave students of the Theatre, they are nevertheless trying to capture its spirit. An unfamiliar play might allow the producer greater freedom in his interpretation and staging. Lighting could be used more originally. Lastly, make the forthcoming series of one-act plays a training ground for the less experienced. Many people enjoy acting, and more would do so if they knew something of the technique. I await next year's production with hope, but I may have to view it with resignation.

J.T.S.

## AWARDS

### COMBINED HOSPITALS UNIVERSITY ENTRANCE SCHOLARSHIP, 1956

Scholarship awarded to : R. L. W. Cleave.  
Exhibition awarded to : A. C. Branfoot.

### SHUTER SCHOLARSHIP, 1956

Awarded to : G. F. Abercrombie.

### PRIZE IN HISTOLOGICAL DRAWING 1956

Awarded to : D. E. L. King.

### HAYWARD PRIZE 1956

Awarded equally to : J. S. T. Tallack,  
C. N. Hudson,  
J. J. Misiewicz.

### JUNIOR SCHOLARSHIPS IN CHEMISTRY, PHYSICS AND BIOLOGY 1956

1st Scholarship : A. B. Shaw.  
2nd Scholarship : C. R. Knight.

## HOSPITAL APPOINTMENTS

The under-mentioned appointments to the medical staff take effect from the dates mentioned :—

### Dental Department

Registrars ..... W. A. Berwick, J. A. P. Darvell, November 1st, 1956.

### House Surgeon

M. W. Cooksey, October 29th, 1956. Succeeds Darvell).

### Anaesthetic Department

Senior House Officer .....

A. B. Lodge.

### Casualty Physician

J. S. Jenkins (in place of J.P.M. MacDougall, temporarily until permanent appointment made).

### Department of Neurological Surgery

Senior Registrar .....

J. Seymour (for 1 year from October 1st, 1956, during J. Andrew's absence).

### Dr. Bourne's Firm

Junior Registrar .....

T. H. Hughes-Davies, November 11th, 1956.

### Dr. Bodley Scott's Firm

Junior Registrar .....

M. J. Clarke-Williams, October 1st, 1956.

## RECENT PAPERS BY BART'S MEN

- \*ANDREW, John. Tracheostomy and management of the unconscious patient. *Brit. med. J.*, August 11, 1956, p. 328.
- \*BACH, F., (and J. Michez). Les lombosciatiques. *Rapports de la 111<sup>e</sup> conférence internationale des maladies rhumatismales*. 28 Juin—1er Juillet, 1956, pp. 349-379.
- BACKHOUSE, K. M., and BUTLER, H. The development of the human gubernaculum testis. *J. Anat.*, 90, 1956, pp. 584-5.
- \*BADENOCH, A. W. Tumours of the bladder. *Practitioner*, 177, 1956, pp. 267-276.
- \*BALLANTYNE, R. I. W. Hypophysectomy. *Anaesthesia*, 11, 1956, pp. 303-310.
- \*BEIT, W. R. Johann Nathanael Lieberkühn. *Med. Press*, Sept. 5, 1956, pp. 233-4.
- . Gerônimo Mercuriali. *Med. Press*, September 25, 1956, p. 307.
- . John Freke (1688-1756): Electricity-mad surgeon. Arthur Pearson Luff (1856-1933) of Luff and Candy's chemistry. *Med. Press*, Nov. 7, 1956, p. 448.
- . E. B. Wilson (1856-1939). *Nature*, 178, 1956, p. 778.
- . Medical societies and international understanding. *Brit. J. Addict.*, 53, 1956, pp. 3-6.
- . C. F. Mohr (1806-1879). *Med. Press*, Oct. 31, 1956, p. 424.
- . Surface antiseptics, past and present. *Med. J. Malaya*, 10, 1956, pp. 338-340.
- . (and others). Sir John Bland-Sutton. A bibliography of his writings. *Middx. Hosp. J.*, 56, 1956, pp. 3-15.
- \*BLUNT, M. J., (and E. J. Steele). The blood supply of the optic nerve and chiasma in man. *J. Anat.*, 90, 1956, pp. 486-493.
- . (and K. Stratton). The development of a compensatory collateral circulation to nerve trunk. *J. Anat.*, 90, 1956, pp. 508-514.

—. Implications of the vascular anatomy of the optic nerve and chiasma. *Proc. roy. Soc. Med.*, 49, 1956, pp. 433-439.

BOURNE, G. Functional heart disease. *Minnesota Med.*, Aug. 1956.

BOYD, A. M. Oral dibenzyline in distal senile obliterative arteritis. *Lancet*. Oct. 27, 1956, pp. 869-871.

BROOKE, B. N. Outcome of surgery for ulcerative colitis. *Lancet*, Sept. 15, 1956, pp. 532-536.

\*BROWN, O. E. M. Protection of ovaries from radiation. *Lancet*, June 16, 1956, pp. 939-940.

BURROWS, H. Jackson. Fractures of the lateral condyle of the tibia. *J. Bone Jt. Surg.*, 38B, 1956, pp. 612-3.

CAMPBELL-ROBSON, L. See, HINCKLEY, G. H., and —.

CHRISTIE, R. V. See, MCILROY, M. B., (and others).

CRAWHALL, J. C. See, SPENSER, I. D., and others.

DISCOMBE, G., (and A. J. Duggan). An alleged test of liver function using Lugol's iodine. *South African J. Lab. Clin. Med.*, 2, 1956, pp. 172-175.

DUFF, R. S. Circulation in the hands in hypertension. *Brit. med. J.*, Oct. 27, 1956, pp. 974-6.

—. Action of dibenzyline on the peripheral circulation. *Brit. med. J.*, Oct. 13, 1956, pp. 857-860.

ELDRIDGE, F. L. See, MCILROY, M. B., (and others).

ELLIS, George. See, SHOOTER, R. A., (and others).

\*EVANS, Sir Charles Lovatt, (and others). The relation between sweating and the catecol content of the blood in the horse. *J. Physiol.*, 132, 1956, pp. 542-552.

—. (F. R. Bell and —). Sweating and the innervation of sweat glands in the horse. *J. Physiol.*, 113, 1956, 67P.

\*FLETCHER, C. M. The teaching of social and preventive medicine. *Brit. med. J.*, Sept. 1, 1956, pp. 497-500.

\*GARROD, O. Modern methods of investigating disorders of the pituitary adrenal and thyroid glands. *Med. Press.*, 286, 1956, pp. 296-302.

—, (and others). Endocrinology. (The Hormones). *Ann. Rev. Med.*, 7, 1956, pp. 61-88.

GLENISTER, F. W. The development of the penile urethra in the pig. *J. Anat.*, 90, 1956, pp. 461-473.

GRAHAM, George. An early case of renal glycosuria. *Practitioner*, Nov. 1956, pp. 639-642.

GRIFFITHS, J. D. Surgical anatomy of the blood supply of the distal colon. *Ann. roy. Coll. Surg.*, 19, 1956, pp. 241-256.

HADFIELD, G. J., (and J. A. G. Holt). The physiological castration in breast cancer. *Brit. med. J.*, Oct. 27, 1956, pp. 972-3.

—, (and J. Stretton Young). The mammatropic potency of the urine of normal postmenopausal women. *Brit. J. Cancer*, 10, 1956, pp. 324-9.

—. Co-carcinogenesis. *Proc. roy. Soc. Med.*, 49, 1956, pp. 662-4.

—. See also, KINMONTH, J. B., (and others).

HINCKLEY, G. H., and CAMPBELL-ROBSON, L. An intra-epithelial carcinoma of the buccal mucosa and palate. *Brit. dent. J.*, 101, 1956, pp. 159-160.

\*HUNT, Alan H., (A. Clain and —). Adrenalectomy for intracranial metastases from carcinoma of the breast. *Brit. med. J.*, Sept. 15, 1956, pp. 627-9.

HUNT, John H. The management of coronary thrombosis by the family doctor. *Practitioner*, 177, 1956, pp. 309-316.

\*HUNTER, R. A. (H. Phillip Greenberg, — and I. Macalpine). Sir Kenelm Digby on 'Folie à deux': an historical note. *Brit. J. Med. Psychol.*, 29, 1956, pp. 294-7.

—, (and H. Phillip Greenberg). Sir William Gull and psychiatry. *Guy's Hosp. Rept.*, 105, 1956, pp. 361-375.

\*HURT, R. L. Respiratory function before and after plombage. *Tubercle*, 37, 1956, pp. 341-6.

KENNAWAY, Sir Ernest. Eighteen days in the U.S.A.: some random notes. *Brit. med. J.*, Oct. 20, 1956, pp. 933-5.

KING, R. C. Fibrocystic disease of the pancreas in an adolescent with minimal pulmonary involvement. *Arch. Dis. Childh.*, 31, 1956, p. 270.

KINMONTH, J. B., (and others). Traumatic arterial spasm, its relief in man and in monkeys. *Brit. J. Surg.*, 44, 1956, pp. 164-9.

LAWTHER, P. J. Breathing dirty air. *Med. World*, 85, 1956, pp. 221-224.

—, (and others). Smoke in a London diesel bus garage: an interim report. *Brit. med. J.*, Sept. 29, 1956, pp. 753-4.

\*LEHMANN, H., (and M. Hynes). Haemoglobin D in a Persian girl: presumably the first case of Haemoglobin D-Thalasæmia. *Brit. med. J.*, Oct. 20, 1956, pp. 923-924.

LEVITT, W. M., (and S. Oram). Irradiation-induced malignant hypertension: cured by nephrectomy. *Brit. med. J.*, Oct. 20, 1956, pp. 910-912.

MACALPINE, I. See, HUNTER, R. A., (and others).

\*MCDONALD, D. A., and TAYLOR, M. G. An investigation of the arterial system using a hydraulic oscillator. *J. Physiol.*, 133, 1956, pp. 74-59.

MACDOUGALL, I. Ulcerative colitis and pregnancy. *Lancet*, Sept. 29, 1956, pp. 641-3.

MCILROY, M. B., (and F. L. Eldridge). The measurement of the mechanical properties of the lungs by simplified methods. *Clin. Science*, 15, 1956, pp. 329-335.

—, and MARSHALL, R. The mechanical properties of lungs in asthma. *Clin. Science*, 15, 1956, pp. 345-351.

—, (and others). The effect of added elastic and non-elastic resistances on the pattern of breathing in normal subjects. *Clin. Science*, 15, 1956, pp. 337-344.

—, (and others). The mechanical properties of the lungs in anoxia, anaemia and thyrotoxicosis. *Clin. Science*, 15, 1956, pp. 353-360.

MARSHALL, R. See, MCILROY, M. B., and —.

MELOTTE, G. See, ROSTEN, D., and —.

\*MORGAN, C. Naunton. Surgical anatomy of the anal canal. *Ann. roy. Coll. Surg. Engl.*, 19, 1956, pp. 88-114.

\*MENDEL, D., (and others). Sodium exchanges in cardiac muscle. *J. Physiol.*, 129, 1955, pp. 177-183.

\*MOURANT, A. E. Blood groups and human evolution. *Adv. Science*, 50, 1956, pp. 1-13.

—, (and others). The blood groups of the Hottentots. *Amer. J. Physical Anthropology*, N.S.13, 1955, pp. 691-7.

\*MURRAY, P. D. F. William Aitcheson Haswell (1854-1925). *Aust. J. Science*, 17, 1954, p. 88-9.

OSWALD, N. C., (J. Robert May and —). Long term chemotherapy in chronic bronchitis. *Lancet*, Oct. 20, 1956, pp. 814-8.

ROSS, Sir James Paterson. See, SHOOTER, R. A., (and others).

\*ROSTEN, D., and MELOTTE, G. Erythromycin in acute respiratory infections. *Practitioner*, 177, 1956, pp. 196-198.

RUSSELL, Brian, (and N. A. Thorne). Lupus vulgaris treated with isoniazid. Present status of the disease. *Lancet*, Oct. 20, 1956, pp. 808-813.

\*SHOOTER, R. A., (and others). Postoperative wound infection. *Surg. Gynec. Obstet.*, 103, 1956, pp. 257-262.

—, Mineral requirements for growth of bacteria. *Amer. J. clin. Path.*, 26, 1956, pp. 424-5.

SILVERSTONE, J. T. Innocents abroad. *Brit. med. Stud. J.*, 9, 1955, pp. 24-5.

SMYTH, D. G. See, SPENSER, I. D., (and others).

\*SPENSER, I. D., (and others). Oxidized decarboxylation of amino-acids. *Chem. and Indust.*, 1956, pp. 796-7.

STONE, R. W. See, MCILROY, M. B., (and others).

STRAUSS, E. B. Suicide. *Brit. med. J.*, Oct. 6, 1956, pp. 818-820.

TAYLOR, G. W. See, SHOOTER, R. A., (and others).

TAYLOR, M. G. See, MACDONALD, D. A., and —.

THEOBALD, G. W., (and others). The Pitocin drip. *J. Obstet. Gynaec. B.E.*, 63, 1956, pp. 641-662.

THOMAS, J. P. See, MCILROY, M. B., (and others).

\*WEBER, F. Parkes. Dual or multiple rare diseases or syndromes observed simultaneously in the same subject. *Med. Press.*, Sept. 26, 1956, pp. 202-3.

\* Reprint received and herewith gratefully acknowledged. Please address this material to the Librarian.

## STUDENT ENTRY

October, 1956

## PRE-CLINICAL ENTRY

Amponsah, F. I., Achimota Secondary School, *Gold Coast*.  
 Angell James, J. E., Cheltenham Ladies College.  
 Barnes, G. E. R., Maidenhead County Boys' Grammar School.  
 Barrington, D. E., King's School, Rochester.  
 Barton, M. T., Exeter College, Oxford.  
 Beckett, P. R., Magdalen College School, Oxford.  
 Bergel, R. C., Leighton Park School, Reading.  
 Bhagat, B. B., Louis Mountbatten School, *Rhodesia*.  
 Bishop, M. B. J., Simon Langton School for Boys, Canterbury.  
 Boladz, W. P., The Grammar School, *Ystradgynlais*.  
 Britz, M., Aberdare Boys' Grammar School.  
 Brooks, B. G. B., Manchester Central Grammar School.  
 Brown, J. K., Hymer's College, Hull.  
 Bunnemeyer, M. G. J., McGill University.  
 Carnochan, I., Ilford County High School.  
 Collingwood, R., The King's School, Canterbury.  
 Crawhall, J. C., Merchant Taylors' School.  
 Davies, N. M., Bridgend County Grammar School.  
 Dixon, H. B., Duke University, U.S.A.  
 Drake, R. M., Queen Elizabeth's Grammar School, *Barnet*.  
 Edmondson, R. S., Bradford Grammar School.  
 Gallop, A. M., Westminster School.  
 Gandy, R. H., Birkbeck College.  
 Green, G., City of London School for Girls.  
 Guggenheim, P. S., Queen Elizabeth's Grammar School, *Barnet*.  
 Hall, J. M., Parkstone Girls' Grammar School.  
 Harvey, J. A., Shrewsbury School.  
 Herbert, D. C., Newport High School for Boys.  
 Hood, C. A., Derby School.  
 Hore, B. D., Lower School of John Lyon, Harrow.  
 Howells, D. B. M., Reigate Grammar School.  
 Irgbulem, I. M., St. Patrick's College, Calabar.  
 Irvine, R. J. M., Ampleforth College, York.  
 Jackson, G. B., King's School, Rochester.  
 Jackson, U. I., Eothen, Caterham.  
 Jones, J. R. I., County Grammar School, Cardigan.  
 Jones, V. M., St. Paul's Girls' School.  
 Khedheri, S., Bradford Grammar School.  
 Kiely, P. A. M., Ursuline Convent, Wimbledon.  
 Kingsbury, A. W., Chichester High School for Boys.  
 Kingsley, P. J., Charterhouse, Godalming.  
 Knight, E., Brockenhurst County High School.  
 Lewis, J. M., Cheadle Hulme School.  
 Lines, A. J., St. John's College, Cambridge.  
 McCarthy, W. E., School of Science, Oxford.  
 McPhail, L. M., Luckley School, Wokingham.  
 Manchester, K., King Edward VII Grammar School, Melton.  
 Metcalfe, B. J., Owen's Grammar School.  
 Metten, A. D., Douai School.  
 Miller, A. J., Worthing Boys' High School.  
 Miller, R. G., Canford School, Wimborne.  
 Millington, M., Clav Cross Tufton Hall Grammar School.  
 Moynagh, P. D., Marlborough College.  
 Orr, M. M., Alleynes Grammar School.

Patrick, P. L., Bishop Anstey High School, Port of Spain.  
 Perris, B. W., Isleworth Grammar School.  
 Prosser, D. I., Ealing Grammar School for Boys.  
 Randle, G. H., Hitchin Boys' Grammar School.  
 Rassim, A., Malvern College.  
 Russell, A. L., East Barnet Grammar School.  
 Shand, D. G., Ealing Grammar School for Boys.  
 Sharp, G. T., Leighton Park School, Reading.  
 Shaw, B. N., Sutton High School.  
 Sinclair, A. M., Howell's School, Llantaff.  
 Smyth, N. W., Haileybury.  
 Stanley, R. B., Felsted School.  
 Stevens, J. E., Luton Grammar School.  
 Stevens, P. W., Hilton College, Natal.  
 Stewardson, M. P., Buckhurst Hill County High School.  
 Stone, B. E., St. Paul's School.  
 Terry, A., Roedean School, Brighton.  
 Thomson, W. H. F., Watford Grammar School.  
 Tomlinson, R. J., Mount St. Mary's College, Spinkhill.  
 Weeks, S. K., Newport County Secondary Grammar School.  
 Wilson, A. I., Bradford Grammar School.  
 Wilson, R. G., City of London School.

## CLINICAL ENTRY

Abercrombie, G. F., Caius College, Cambridge.  
 Alabi, G. S., University College, Ibadan.  
 Bowles, K. R., Downing College, Cambridge.  
 Branfoot, A. C., Wadham College, Oxford.  
 Cantrell, E. G., Queens' College, Cambridge.  
 Church, R. B., Emmanuel College, Cambridge.  
 Davies, R. N., St. John's College, Cambridge.  
 Dick, D. H., Trinity College, Cambridge.  
 Drinkwater, P., Magdalene College, Cambridge.  
 Duff, T. B., St. John's College, Cambridge.  
 Ellis, R. P., Pembroke College, Oxford.  
 Evans, G. H., St. Catharine's College, Cambridge.  
 Francis, H. B., St. John's College, Cambridge.  
 Fuge, C. A., St. John's College, Oxford.  
 Gabriel, R. W., Downing College, Cambridge.  
 Godwin, D., Clare College, Cambridge.  
 Greaves, C. W. K. H., Jesus College, Oxford.  
 Hamilton, S. G. I., Clare College, Cambridge.  
 Hindson, T. C., St. John's College, Cambridge.  
 Hobday, G. R., Trinity College, Cambridge.  
 Hobday, J. D., Trinity College, Cambridge.  
 Hurring, R. F., Selwyn College, Cambridge.  
 Jephcott, C. J. A., Queens' College, Cambridge.  
 Lee, B. K., Corpus Christi College, Cambridge.  
 Lyon, D. C., Oriel College, Oxford.  
 Mather, J. S., Trinity College, Cambridge.  
 Maurice-Smith, N. J., Queens' College, Cambridge.  
 Mercer, J. D., St. John's College, Cambridge.  
 Parkes, J. D., Queens' College, Cambridge.  
 Perkins, B. A. W., Sidney Sussex College, Cambridge.  
 Richards, D. A., Clare College, Cambridge.  
 Strang, F. A., Jesus College, Cambridge.  
 Williamson, C. J. F. L., Emmanuel College, Cambridge.

## SPORTS NEWS

### VIEWPOINT

AT THE present time Indoor Sport at Bart's is going through a lean period. For instance, the Boxing Club is now defunct, after experiencing some success a few years back in Inter-Hospital and University Competitions. While acknowledging that rifle shooting and fencing have a more limited appeal than most sports, these clubs are woefully weak in active participants, and could well do with an infusion of new blood.

A somewhat different problem faces the Squash Club, for, to quote the Secretary, 'scores of people say they play squash, but there is hardly anyone available when there is a match.' This remark highlights the problem sufficiently to obviate any additional comment. In the case of the Chess and Table Tennis Clubs the situation is not quite the same. There is not just simply a lack of members, but a lack of clinical members to organise and encourage the pre-clinicals.

Naturally all clubs have their various difficulties, but the object here is to point out those that are especially affecting Indoor Sports at the moment. We would urge all students who are interested in these activities, to intimate to the respective Secretaries their desire to use their talents regularly for the benefit of the Hospital teams.

### RUGGER

**1st XV v. Old Blues**, Home, Saturday, 27th October  
Drawn 8—8.

As the Old Blues had defeated the Cambridge LX Club on the previous Saturday we approached this match with some trepidation. Fortunately however the team produced something like the form that we had been waiting for, and consequently we were in many ways unlucky not to win. The forwards in the first 20 minutes heeled every loose ball, and if they slackened somewhat after we had obtained the lead the possibilities had at least been shown. Much of the credit for this must go to the back-row, where Mackenzie was in his element at wing-forward and Laurie Thomas made a triumphant return to lock-forward after a year's absence due to injury. Given this service the backs looked more dangerous than hitherto, but they still were not taking their passes whilst moving at top-speed.

After 20 minutes play, during which we hardly left our opponents half, another quick heel and a quick-passing movement left McMaster with a chance which he took with commendable determination. There was no more score before half-time, and in the second half the Old Blues came

more into the game, and equalised through a drop-goal by one of their centres. Three minutes from time they obtained the lead, rather against the run of the play, when they wheeled from a scrum near the line and then converted the resultant try. This fired our forwards back to life, and in the last minute M. J. Davies dived over for a try. There was a deathly hush as his own conversion attempt started going outside the post, then swerved in with the wind and just dropped over the bar to give us a draw.

*Team : S. G. I. Hamilton ; R. M. Phillips, G. J. Halls, M. J. A. Davies, A. M. B. McMaster ; R. R. Davies, B. Richards ; J. C. Dobson, C. J. Carr, D. A. Richards ; J. W. B. Palmer, D. W. Roche ; H. Thomas, L. R. Thomas, J. C. Mackenzie (Capt.).*

### WEST COUNTRY TOUR

The tour opened with a 6—6 draw against Penzance. This was the team's best performance of the season, and almost all the local papers judged us unlucky not to win. Bonner Morgan at outside half got his line moving very well with the result that M. J. Davies and Halls in the centre always looked dangerous and repeatedly pierced the Penzance defence. The forwards did well to hold a strong Penzance back, Roche being outstanding in the lines out, and Mackenzie and H. Thomas in the loose. We trailed 3—6 at half-time, M. J. Davies's penalty goal having been replied to by a penalty goal and a drop goal for Penzance. We looked much the more dangerous side, and Carr actually crossed the line only to be recalled for a previous offence, before McMaster made a determined run to score in the corner after both wing forwards had joined in a three-quarter movement.

On Monday we were completely outplayed by Devonport Services, who won 35—8. The only consolation was that the margin of the score was largely due to our refusal to close the game up, a decision for which the crowd was most grateful. We trailed 3—11 at half-time, our score coming from a try by Mackenzie after a superb 40 yard run. In the second half we went well at first, but after losing Rees Davies with an ankle injury the score mounted rapidly against us. We got a consolation try when Halls broke right through and drew the defence before sending Phillips in for a try which was converted by M. J. Davies.

The third match of the tour, against Paignton, produced a win at last, although the winning margin was not as large as it should have been. Our backs were vastly superior to theirs, and Phillips and McMaster each scored tries from the half-way line, the former by bursting through the centre of the field, the latter with a most determined run along the touch-line. In the lines-out Roche was again outstanding, whilst Dobson was often prominent in the loose.

We led at half-time by 19—3, M. J. Davies having kicked two penalty goals and converted Phillips' try, while Halls had scored a try himself

and had also converted McMaster's try from the touch-line. In the second half H. Thomas, playing out of position in the centre, sent Phillips in for another try, but then Paignton succeeded in closing the game up and scoring some points themselves, so that our only further score was a 40 yard penalty by M. J. Davies.

**Tour Party** :—J. C. Mackenzie (Capt.); B. W. D. Badley; R. Bonner Morgan; M. J. Davies; R. R. Davies; G. J. Halls; A. B. McMaster; R. M. Phillips; B. Richards; A. P. Ross; W. P. Boladz; C. J. Carr; G. Davies; R. P. Davies; J. C. Dobson; T. W. Gibson; D. A. Richards; D. W. Rocha; H. Thomas; L. R.

**1st XV v. Rugby — Away, November 10th — Lost 5—19.**

This was a very stiff fixture for the Saturday after the tour. Rugby fielded the same side which had beaten Nottingham 31—0 the previous week, whilst we lacked our regular second row forwards and stand-off half, and had at least three players appearing against doctor's orders. When Rugby scored under the posts in the first minute it looked as if our worst fears might prove well founded, but fortunately we rallied well. We were out-weighted and out-hooked in the tight scrums, whilst in the lines-out Laurie Thomas and Boladz did very well to win about a third share against much larger opponents. In the loose the outstanding forward was undoubtedly Laurie Thomas, but in the second half all played their part. The backs did not get much chance of attacking, but Plant, deputising in the centre, had a good game and all defended well, although there was still a weakness in tackling throughout the side.

By half-time Rugby, with the slope, the wind and the rain in their favour, had a 13—0 lead. In the second half things were much more even, and although Rugby added two more tries it was only justice when M. J. Davies went over after a heel from the tight, and then converted his own try.

**Teams** :—B. W. D. Badley; R. M. Phillips; G. J. Halls; J. Plant; A. B. McMaster; M. J. A. Davies; A. P. Ross; D. A. Richards; C. J. Carr; J. C. Dobson; L. R. Thomas; W. P. Boladz; H. Thomas; J. C. Mackenzie (Capt.); R. P. Davies.

**1st XV v. Old Alleynians** at Chislehurst, November 17th. Lost 3—11.

Territorially Bart's had 75% of this match but could not clinch their attacks. We played two men short for the first five minutes, during which time the Alleynians kicked an easy penalty goal, awarded for offside from a tight scrummage. Once we were at full strength we attacked continuously, and Halls crossed for a try when Phillips flicked the ball inside after a long run. Soon after Carr and McMaster dribbled the ball over and the latter appeared to get a touch-down, but the referee awarded a drop-out. The forwards remained on top till half-time, but despite good runs by Plant and Phillips we could not score.

In the second half we again started on top, but gradually lost our grip. Eventually the Alleynians took the lead when a huge penalty kick went through off the post. We continued to throw the ball around almost desperately from any part of the field but could not get a score. In fact the final score came from the Alleynians, when their winger dived over after a neat cross-kick to him. This try was converted from the touch-line.

One can  
only suppose  
he's reading . . .

ROUND  
THE  
FOUNTAIN



Fifth Edition.  
Humorous Extracts  
from St. B.H.Journals  
5/- from the library  
5/9 post free  
from the Manager

An ideal Christmas  
Present for a  
Medical friend



flaps. Injuries and affections of the limbs receive more detailed consideration than other conditions, as physical methods play such an important role in the treatment of these cases.

The importance of team work in plastic surgery is repeatedly emphasised, and the need for complete functional and psychological rehabilitation of the patient is stressed in the concluding chapter.

This book will be of much value to physiotherapists and occupational therapists seeking a rapid introduction to plastic surgery, but it is not sufficiently detailed to have a wide appeal to medical students.

P. H. JAYES.

#### THE ROYAL NORTHERN HOSPITAL 1856-1956.

The story of a hundred years work in North London by Eric C. O. Jewesbury. London, H. K. Lewis, 1956, pp. xi, 157, illus. 17s. 6d.

A centenary is a fitting occasion upon which to publish a history of a hospital, and this one recounts the story of one with which many Bart's men have been, and still are associated. Founded by Sherard Freeman Statham (1826-1858), who have been forced at the age of thirty to relinquish his post as Assistant Surgeon to University College as the result of complaints by John Erichsen, it was first called the Great Northern Hospital. Financial difficulties were constantly encountered and successfully overcome, and Dr. Jewesbury unfolds a fascinating panorama that illustrates the growth of the Hospital from inevitable teething troubles to full maturity.

Some years ago Dr. Jewesbury wrote an outstanding Wix Prize Essay on Charles Barrett Lockwood, a Bart's surgeon, who also served on the staff of the Royal Northern. Possibly this inspired him to investigate its history in fuller detail, and to discover that among other Bart's men connected with that Hospital were Robert Bridges (later the Poet Laureate), F. C. Skey, Sir William Savory, Sir Thomas Smith, Harrison Cripps, and Lord Horder.

This book is a fitting companion for the numerous histories of hospitals that have appeared in recent years, and we are grateful to Dr. Jewesbury for presenting in such readable form the history of the Royal Northern.

JOHN L. THORNTON.

#### THEY DID NOT PASS BY by Denis G. Murphy.

Longmans, Green and Co. Ltd. 10s. 6d.

As the author of this book remarks in the first few lines, many people seem to imagine that nursing was originated by Florence Nightingale. It is a regrettable fact that among this number may be counted many nurses and medical men, and it is to these in particular that this book should be of interest.

Since the author is a Catholic priest it is not surprising to find a bias towards the Catholic part in the origins of nursing—however, as most of these origins are in fact prior to the Reformation, few can quarrel with this. The author's stated aim is to show how Christian principles lay at the root of the formation of all types of nursing, almost all of them having originated long before a Socialist Health Service was even dreamt of, and this he

does in a most revealing manner. The book should prove stimulating to all who profess to have any interest in the origins and principle of the Nursing profession.

C. J. C.

#### BOOKS FOR NURSES

##### BERKELEY'S PICTORIAL MIDWIFERY by D. M. Stern, M.A., M.B., Ch.B. (Cantab.), F.R.C.S., F.R.C.O.G. Baillière, Tindall & Cox Ltd. 15s.

Of subjects susceptible to demonstration by diagram, anatomy and the mechanism of labour are among the most suitable, so that an atlas of Midwifery such as this can teach the student a great deal. The diagrams are easy to understand and are reinforced by captions which contain plenty of information. Not all the pictures are of equal importance to the midwife, but since she has to recognise the indications for medical help and to act as assistant during complicated deliveries, diagrams of the more unusual obstetrical methods are perhaps not out of place.

W. E. HECTOR.

##### CHILDREN IN HOSPITAL by Margaret M. Leach. Faber & Faber. 9s. 6d.

Nurses in general hospitals all meet sick children at some time, and all are anxious for guidance in caring for them. They want to know if children are merely miniature adults, or if they need special techniques in nursing and management.

Miss Leach has a good understanding of this need, and has written a sensible and clear little book. Children's diseases are briefly but practically described, and there is a good chapter on special procedures, in which it would have been helpful to include an account of stomach washouts and oesophageal feeding.

The first chapter on the approach to children is rather short and matter of fact, and the problems connected with the hospitalization of children are minimised. It is easy to see, for instance, that the author is not in favour of daily visiting, which she thinks is 'impracticable in many wards.'

W. E. HECTOR.

##### MATHEMATICS FOR NURSES by Dorothy Button, B.A. (Cantab.). Faber & Faber Ltd. 8s. 6d.

The author is quite correct when she says that the standard of elementary arithmetic in nursing students is deplorable, and if a pre-nursing course included exercises in mathematics on the lines of this book the student should certainly on entering hospital be capable of the very simple calculations required of her.

The examples and problems are all relevant to her subsequent career, and would no doubt be an incentive to tackle a subject which most girls do not approach with great enthusiasm.

The criticism that very few of these calculations are indeed needed in hospital is countered by the

author's statement in the preface that she is thinking of a nurse in an isolated country practice. There must, however, be few areas to which insulin syringes have not penetrated to obviate the need of the calculations on insulin on page 50, and to use insulin in strengths of 10 or 100 units per cc. is not realistic. Filling an insulin syringe is the commonest task involving arithmetic that a medical nurse does today, and might well have been treated at length. A medicine for a child would be prescribed by dose, and not calculated from the adult dose in a sum of which the answer was 5/12 gr.

Hospitals should be grateful to those like Miss Eutton in the general educational field who take an interest in our problems and try to help solve them.

W. E. HECTOR.

#### NEW EDITIONS

**THE PRINCIPLES AND PRACTICE OF MEDICINE** 3rd ed. edited by Sir Stanley Davidson. E. & S. Livingstone. pp. 1076. 35s.

Although only a few years old this book has undergone a third edition, thus proving its great popularity. This favour among students is due mainly to the book's combination of accuracy and clarity and the absence of columns of small print. The price has been increased but remains reasonable.

The additions include a section on the uses of oral penicillin, especially penicillin V, and the dangers associated with antibiotic therapy are stressed.

The chapter on the nervous system has been re-written and enlarged. The importance of visual symptoms in neurology is emphasised by the addition of a section on the pupils, and another on nystagmus. The problem of localising a lesion on the basis of ocomotor changes is a difficult one because there is doubt as to where the neuronal pathways run. As this subject is hardly considered in most pre-clinical texts a brief mention in this section would prove useful.

A minor criticism: the X-ray illustrations would be improved by replacing photographs for the present diagrams.

**THE MANUAL OF PRACTICAL OBSTETRICS** (Third Edition) by O'Donel Browne and J. G. Gallagher. John Wright & Sons. pp. 274. 37s. 6d.

This book is written for the student and general practitioner and it has been extensively revised and brought up to date in this edition.

Its pages reflect the Dublin school of thought and some of the ideas propounded are matters of debate in this country.

From this point of view the book is of more interest to the post-graduate student who is better able to appreciate its controversial points, as for example, the treatment of pre-eclamptic toxæmia and eclampsia.

The introductory chapters on pelvic anatomy, pregnancy and foetal development are not well illustrated. The instruction on preparations for a confinement in a private house, however, is both

useful and comprehensive particularly for practitioners in domiciliary midwifery. A Clover's crutch could be included with advantage in the suggested equipment.

The chapters on abnormal labour are well presented and there are some helpful diagrams of forceps delivery. There is surprisingly no mention of Lovett's manoeuvre in the management of breech delivery and one differs from the author in believing that a bimanual compression does need description. The treatment of asphyxia neonatorum is archaic save for the establishment of a clear airway and the administration of oxygen. The women of Dublin must be of tough metal to submit to evacuation of an incomplete abortion without anaesthesia.

The ethics of Roman Catholicism are largely responsible for the views on termination of pregnancy. They also underlie the more useful procedure of symphysiotomy re-introduced for the treatment of Contracted Pelvis which is of considerable interest.

The author has a direct and forceful approach to his subject which in general is well presented.

The book is of particular value to those of the Roman Catholic religion. This apart, one is left with the impression that its contents are not unlike the curate's egg.

J. D. ANDREW.

**PRINCIPLES OF HUMAN PHYSIOLOGY** 12th ed. by Sir Charles Lovatt Evans. J. & A. Churchill. pp. 1233. 65s.

This is a welcome new edition of a classical textbook of Human Physiology. The book has been brought up to date as far as possible and there are frequent references to recent work which would be of help to the more advanced student.

The historical notes at the beginning of each chapter remain; a valuable introduction to the subject. This book can be recommended to the pre-clinical student as a physiology text which he will find of use throughout his medical course.

**A TEXT-BOOK OF GENERAL PHYSIOLOGY** 5th ed. by Philip H. Mitchell. McGraw-Hill. pp. 885. 79s.

American medical students have to take College courses in Biology and this is a book which is designed to meet their needs. Therefore it contains much that is of great interest but of remote connection to medical science. Nevertheless the chapters on vitamins, hormones and membrane transport do summarize the latest views on these subjects and might prove useful to the B.Sc. candidate. The more advanced student will find a comprehensive list of references at the end of each chapter.

**THE DENTAL ASSISTANT'S HANDBOOK** 2nd edition by C. I. West. Heinemann. 10s. 6d.

While this book is written for dental assistants, it contains much that is useful to the medical student being introduced to dentistry. The illustrations of dental instruments are very helpful, and the chapter on dental radiography explains some of the complexities of the interpretation of X-rays of the teeth. The brief review of dentition and dental morphology contains most of the infor-

mation required by the medical student. In spite of the text reading somewhat like a woman's magazine, the illustrations make the book of value.

**AIDS TO EMBRYOLOGY** 5th ed. by J. S.

Baxter. Baillière, Tindall & Cox. pp. 196. 8s. 6d.

Embryology is a subject which requires illustrations and models for its full understanding. Any small book such as this should only be used for revising although it contains most of the information required for the second medical examination.

**MEDICAL BACTERIOLOGY** 6th ed. by Sir

Lionel Whitby and Martin Hynes. J. & A. Churchill. pp. 540. 30s.

The main changes which have taken place in this popular book are in the chapter on antibiotics and in the chapter on fungal diseases.

A general section on the production of antibiotics and their mode of action introduces the discussion of the individual drugs. With an increasing knowledge of the biochemical metabolism of micro-organisms certain hypotheses can now be forwarded as to the site of action of antibiotics. Some of the relevant experiments are discussed, and give the student a greater understanding of this type of therapy.

The section on Sensitivity and Resistance is especially welcome as the problem of acquired resistance by bacteria to the antibiotics is causing difficulty in hospital wards. A useful addition is a glossary of Antibiotics and Chemotherapeutic Substances—this replaces more detailed consideration of a few of the commoner drugs.

In the revised chapter on Diseases Produced by Fungi most of the space is given up to Ringworm. This should help the General Practitioner as the majority of fungal diseases which he sees are in the skin or scalp.

**BOOKS RECEIVED**

*Inclusion in this column does not preclude review at a later date.*

**CHRISTIAN ESSAYS IN PSYCHIATRY** edited by Philip Mairet. S.C.M. Press. 15s.

**REFRESHER COURSE FOR GENERAL PRACTITIONERS**, 3rd Collection, British Medical Association. 25s.

**PROGRESS IN CLINICAL MEDICINE**, 3rd ed. edited by Raymond Daley and Henry Miller. J. & A. Churchill. Pp. 414. 40s.

**SHAW'S TEXTBOOK OF GYNAECOLOGY**, 7th ed. by John Howkins. J. & A. Churchill. Pp. 704. 32s. 6d.

**ANAESTHETICS FOR MEDICAL STUDENTS**, 3rd ed. by Gordon Ostlere and Roger Bryce-Smith. J. & A. Churchill. Pp. 116. 10s.

**BLAKISTON'S NEW GOULD MEDICAL DICTIONARY**, 2nd ed. edited by Normand L. Hoerr and Arthur Osol. McGraw-Hill. 86s. 6d.

**RECORDS**

**VIVALDI**: E Minor cello concerto

**COUPERIN**: Pièces en concert for cello and string orchestra

**PIERRE FOURNIER**, STUTTGART CHAMBER ORCHESTRA.

DECCA LW 5196

Fournier gives a distinguished and convincing account of these two pieces. Although placed a



## *A Chance for Child-lovers*

The geneticists, those unfortunate students of heredity, are agitated by the way families in this century have shrunk in size. If any race—whether of men or of animals—is to thrive, and maintain a good stock, they say, there must be plenty of them about, so that the genes have plenty of opportunities for reshuffle. The genes are those mysterious bits of nuclear protoplasm by which hereditary characteristics are handed down from generation to generation; and of course every child gets half his genes from his father and half from his mother.

Well, the geneticists say, there must be plenty of cards in the pack if shuffling and re-dealing is to produce interesting and refreshing combinations. The smaller the pack the smaller the variety of hands you can deal.

But the hereditary pack, confound it, doesn't even remain constant. The genes in every generation show . . .

*Would you like to hear more? Unfortunately, space will not permit reproduction of the whole of this entertaining and informative essay, as it appeared originally in The Times. It is one of a collection of delightful medical musings—all from the same wise and witty pen. If you would like a copy of "The Prosings of Podalirius" just send us a card at the address below.*

## **VITAMINS LIMITED**

DEPT. (G.8)

*Upper Mall, London, W.6*

Makers of

BEMAX VITAVEL SYRUP VITASPRIN

BECOVITE BEFORTISS PREGNAVITE COMPLEVITE

PERTIOL CREAM CHOLINVEL ETC.

December 1956

THE WORLD'S GREATEST  
BOOKSHOP

**FOYLES**  
FOR BOOKS

ALL YOUR CHRISTMAS

**GIFT  
BOOKS**

*Stock of over three million  
volumes.*

*Departments for Gramophone  
Records, Stationery, Handicraft  
Tools and Materials, Music,  
Magazine Subscriptions, Lend-  
ing Library, Foreign Stamps.*

**119-125, CHARING CROSS ROAD,  
LONDON, W.C.2.**

Gerrard 5660 (20 lines) • Open 9-6 (inc. Sat.)  
Two minutes from Tottenham Court Road Station

little near to the recording microphone his tone and phrasing are superb, and his support from the Stuttgart players admirable. An impressive record.

**GRIEG** : Concerto in A minor for piano and Orchestra

**FALLA** : Nights in the Gardens of Spain.

CLIFFORD CURZON, LONDON AND NEW SYM-  
PHONY ORCHESTRAS, FISTOULARI AND JORDA  
respectively.

DECCA LXT 5165

A well known and justifiably popular performance of the Grieg backed by a brisk 'Nights'. Both sides completely spoilt for me by grating reedy string tone and a 'Honky-tonk' piano.

**MOZART** : Recital.

PIERRETTE ALARIE, Soprano.

DUCRETET — THOMSON DTL 93089

Miss Alarie is technically first rate, but perhaps a little lacking in subtlety. At her best in the declamatory passages she sings the whole of the motet 'Exultate, jubilate' quite enchantingly.

**SAINT-SAENS** : Le Carnaval Des Animaux.

**FRANCK** : Psyche

FRANZ ANDRE, conducting L'Orchestre Sym-  
phonique De La Radiodiffusion Nationale  
Belge.

TELEFUNKEN LOX 66028

The ever popular 'Carnival Des Animaux' in knock about style, brightly recorded, with a careful and well balanced backing of a less well known but immediately appealing work.

**TO MEDICAL STUDENTS**

Are you aware of the unique facilities offered by

**LEWIS'S LENDING LIBRARY**

For a nominal subscription you can borrow any British or American work available in this country. Books may be kept as long as required or exchanged as frequently as desired.

**ALL BOOKS ARE OF THE LATEST EDITIONS**

**THERE ARE SPECIALLY REDUCED TERMS FOR MEDICAL STUDENTS**

**LEWIS'S BOOKSELLING DEPARTMENT** has a large stock of students' textbooks and new editions in all branches of Medicine, Surgery and General Science of all Publishers. Foreign Books not in stock obtained to order. Catalogues on request.

The **SECOND HAND DEPARTMENT** has a stock of recent editions. Old and rare books sought for and reported. Large and small collections bought.

In the **STATIONERY DEPARTMENT** there are Case-taking Systems (Cards or Sheets). Temperature and other Charts. Note-books, loose-leaf or bound, writing-pads fountain pens, pencils, etc., and other requirements for Students.

---

**London: H. K. LEWIS & Co. Ltd., 136 Gower Street, London, W.C.1**

Telephone: EUSton 4282 (7 lines)

Telegrams: Publicavit, Westcent, London

## UNIVERSITY EXAMINATION POSTAL INSTITUTION

17 Red Lion Square, London, W.C.1  
G. E. OATES, M.D. M.R.C.P. London

UP-TO-DATE POSTAL COURSES provided for all University and Conjoint examinations in ANATOMY, PHYSIOLOGY, PHARMACOLOGY, BIOCHEMISTRY, PATHOLOGY, APPLIED PHARMACOLOGY and THERAPEUTICS, MEDICINE, SURGERY, OBSTETRICS and GYNAECOLOGY

POSTAL COACHING FOR ALL  
POSTGRADUATE DIPLOMAS

PROSPECTUS, LIST OF TUTORS, Etc.

*on application to*

Dr. G. E. OATES, 17, Red Lion Square,  
London, W.C.1. Tel.: HOLborn 6313.

# Vita-Weat



is ripe  
whole-wheat  
goodness

It's the special 'nutty' flavour of ripe, whole wheat that makes Vita-Weat so delicious. Convalescent patients enjoy it, and as an important constituent of many balanced diets, it is nourishing and digestible. Enquiries will be welcomed from the Medical Profession interested in the dietetic qualities of Vita-Weat.

PEEK FREAN & COMPANY LTD., LONDON, E.C.16

# RIDDOVYDRIN

## NASAL OINTMENT

**Indications:** HAYFEVER, NASAL CATARRH, RHINITIS

**Remarks:** Rapidly absorbed by the mucous membrane, this nasal ointment quickly reduces inflammation, swelling and secretion caused by pollen toxins, and exercises as a powerful antispasmodic on Hayfever, Hay Asthma sufferers and those with allied respiratory complaints affecting the nasal area.

**Composition:** Contains Vitamin C in combination with the active constituents of the RIDDOVYDRIN ASTHMA INHALANT, increasing demands of which speak of the benefit derived from these products.

*Sole Manufacturers:*

## RIDDELL PRODUCTS LIMITED

RIDDELL HOUSE · 10-14 DUNBRIDGE STREET · LONDON · E.2

Telephone: BISHOPSGATE 0843. Telegrams: Pneumostat, Beth, London

BRANCH OFFICE · · · 11 Mansfield Chambers, St. Ann's Square, Manchester 2

HAMBLINS  
"G.P."  
OPHTHALMOSCOPE



The shape of the head of Hamblin's "G.P." Ophthalmoscope permits it to be approximated easily and comfortably to the examiner's eye. Loring's wheel of 23 lenses covers most requirements; its simplicity permits the instrument to be moderately priced.

The handle similar to that of Hamblin's Lister-Morton Ophthalmoscope, is knurled to afford a good grip. A quick thread on the octagonal cap provides for rapid dismantling. The Lister lighting system, already fully proved in Hamblin's Lister-Morton instrument, is employed in the "G.P." Ophthalmoscope.

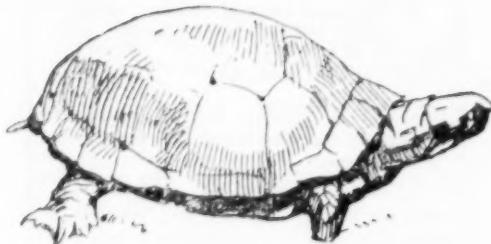
DIAGNOSTIC  
SETS



Diagnostic sets comprising a "G.P." ophthalmoscope and an auriscope having similar octagonal caps to fit the same handle are available; as are also larger sets if required.

THEODORE  
HAMBLIN LTD  
DISPENSING OPTICIANS  
15 WIGMORE STREET  
LONDON, W.I.

*Well-Covered...*



ADEQUATE PROTECTION

is also granted by a supplementary Units Policy, under which, for example, a healthy life aged 30 next birthday can secure cover of £1,000 at a cost of only £9. 0s. 6d. per annum

CM&G

Supplementary  
UNITS POLICY

CLERICAL, MEDICAL & GENERAL  
LIFE ASSURANCE SOCIETY

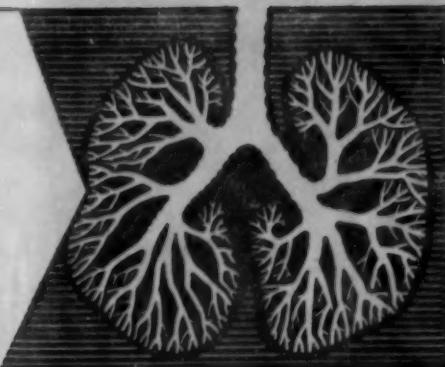
Chief Office:  
15 ST. JAMES'S SQUARE, LONDON, S.W.1  
Telephone: WHitehall 1135

City Office:  
36/38 CORNHILL, LONDON, E.C.3  
Telephone: MANsion House 6326

IMMEDIATE  
CONTROL OF  
ASTHMA



★ NO CONTRA-INDICATIONS  
★ SAFE IN CARDIAC CASES



Before the underlying cause of asthma can be determined the physician invariably looks for an immediate measure for controlling the chief lesion BRONCHOSPASM. Complete reliance can be placed on FELSOL—prescribed for years by doctors for its immediate and sustained effect in relieving asthma attacks. Non-narcotic and non-cumulative, FELSOL is easy to take and gives full relief in perfect safety.

Clinical sample and literature on request

BRITISH FELSOL COMPANY LTD., 296/212, ST. JOHN STREET, LONDON, E.C.1

**BLUE+CROSS**  
BALANCED RATIONS  
FOR ANIMALS  
SERVE IN THE  
RESEARCH FIELD

Appropriate and easily prepared diets for thousands of guinea pigs, rats, mice, rabbits and other creatures kept for diagnostic and experimental purposes are supplied each year by the makers of BLUE CROSS Animal Feeding Stuffs.

These specially formulated rations are all prepared from freshly milled ingredients, expertly supervised to ensure dietary consistency, and regularly consigned to Britain's famous medical schools, pathology departments and research centres, and to similar American organisations.

Research units, laboratories and schools are invited to obtain details of BLUE CROSS Balanced Rations for their purposes from the makers:



JOSEPH RANK LTD., MILLCRAT HOUSE,

EASTCHEAP, LONDON E.C.3. TEL: MINCING LANE 3911

# 'SCORBITAL'

TRADE MARK

Tablets containing  
Phenobarbitone (16 mg.) gr. 1  
Ascorbic acid 100 mg.

## Phenobarbitone therapy without 'hangover' effects

"Ascorbic acid, 200 mg. at night or on  
waking has been found valuable in combat-  
ing the hangover effect of barbiturates."  
(PROC. ROY. SOC. MED., 1954 (MAR.), 47,213).

Scorbital is particularly useful for patients who need to take phenobarbitone at night, especially if for a prolonged period. The risk of an accumulation of hangover effects is minimised if Scorbital is prescribed instead of phenobarbitone.

BASIC M.H.S. PRICES:  
Bottle of 50 - 3/6  
" 250 - 13/-

*Literature and specimen packings are available on request.*  
THE BRITISH DRUG HOUSES LTD. (Medical Department) LONDON W.I.

BD/5162